THE HEALTH AND SOCIAL SERVICES OF DORSET

ANNUAL REPORT

of the

County Medical Officer of Health

for the year

1950

A. A. LISNEY, M.A., M.D., D.P.H.

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A pair of Purbeck stone houses on the much admired Corfe Castle Estate of the Wareham & Purbeck Rural District Council.

An Estate with a pleasing natural screen—Lodge Copse, Holt, in the Wimborne & Cranborne Rural District.

An unusual, but attractive layout, on the Wimborne & Cranborne Rural District Council's Stapehill Crescent Estate.

An example of the manner in which the Sturminster Rural District Council have tastefully incorporated dwellings for elderly persons in a council housing estate.

Frontispiece

MODERN SEWAGE TREATMENT PLANT—recorder house, settlement tanks, filter beds and sludge liquor pump-house forming part of the Sturminster Rural District Council's Shillingstone works.

CONQUEST OF A NATURAL OBSTACLE—laying the four-inch main under the River Frome in connection with the Wareham & Purbeck Rural District Council's Stoborough water scheme.

REGIONAL WATER SUPPLY—pump-house and 30,000 gallon surface tank. Part of the Alton Pancras Water Scheme now under construction by the Sturminster Rural District Council.

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FOREWORD

I am happy to report that during the year under review considerable progress has been made towards both the consolidation and development of the duties of my department particularly under the National Health Service and National Assistance Acts; I shall refer to the more important aspects of the work under their appropriate headings.

General Administration.

The County Council's scheme in connection with Section 111 of the Local Government Act, 1933, as approved by the Ministry of Health in 1935, did not come into full effect until 1950 when the last combined appointment was made. All medical officers of health to local sanitary authorities in the county now hold joint appointments, being employed part-time as assistant county medical officers. The general routine work of the department throughout the whole area is, as a result, carried out much more efficiently.

The Care of Old People.

One of the outstanding advances made during the year has been the inception, with the approval of the Ministry of Health, of the Council's scheme for the domiciliary care of old people. The population of the country as a whole is an ageing one, and because of its favourable position people frequently retire to Dorset. We have, therefore, in Dorset, a two-fold problem: not only is there an increase in the older age groups amongst the static population in the county but, for the reasons stated above, the ranks of the elderly are continually increasing from outside.

In order to tackle this problem and to ensure that the elderly in the county obtain the maximum facilities available under both the National Health Service and National Assistance Acts, the domiciliary scheme came into being and a medical officer on the central staff devotes most of his time to this subject. One important result which should emerge in due course from this work is that a definite index will be available which will enable the County Council to assess, with some degree of accuracy, the number of places which should be allocated in the future planning of homes for old people; it should also provide an index for local authorities in the county when they, in turn, are considering the provision of houses for old people in their housing programmes.

Domestic Help Scheme.

This scheme was extended in the early summer to cover the whole county and by the end of the year considerable help was given to those in need of it, particularly to the elderly; this has an important bearing on the domiciliary scheme referred to above in that every effort is now being made to encourage old people to remain in their own homes and amongst their friends, where they are likely to be happier and more contented than they would be in residential homes provided under the National Assistance Act.

Environmental Hygiene.

Full details of the work under this section are given later in this report, but I feel that I should draw particular attention to a subject to which I referred in my report for 1949, namely the position in Dorset with regard to housing. Following representations to the Ministry of Health in regard to this matter, there was an increase in allocation to some local authorities in the county. Much, however, remains to be done particularly in respect of the improvement of existing dwellings which have, partly as a result of the war, reached a state of disrepair and dilapidation, and urgently requires attention. It seems only reasonable that because of the difficulty in providing new houses some attempt should be made to improve and thus lengthen the life of existing dwellings, and it is hoped that this will receive the attention of the Government in a material way before very long.

I stress this as I am convinced that much of the unhappiness and ill-health of the population is directly due to inadequate and overcrowded housing conditions.

The frontispiece in this report consists of photographs which illustrate some of the types of houses which have been built, and those embodying the natural resources for which Dorset is justly renowned are particularly impressive. Three photographs relating to public health engineering have also been included and I am very much indebted to the officers of the district councils concerned for very kindly supplying negatives and prints.

Midwifery and Maternity Services.

The Local Health Authority, Regional Hospital Board and Executive Council are all concerned in the administration of the midwifery and maternity services. The co-operation has been such that many expectant and nursing mothers do not realise that the family doctor, medical officer in charge of ante-natal clinic, midwife, health visitor and the hospital service are administered by three distinct bodies. The arguments against such a divided administration amount to very little if the woman is guided successfully through her pregnancy and confinement, but in order to ensure that this co-operation is maintained and, if possible, improved, it is intended to review the services carefully and hold discussions with the various bodies concerned.

Ambulance Service.

I feel it is safe to say that the control of the demand on this service has much improved and although emergency requests remain an unknown factor which, of course, must be dealt with as they arise, the bookings of transport for non-emergency cases, either by ambulance or sitting-case car, can be regarded as coming within the capacity of the service to provide; at the same time, however, no appreciable reserve exists to meet unforeseen contingencies.

This position has been achieved by a strict and unremitting scrutiny of all requests for transport, which come mainly from the hospitals in the county. Co-operation with the hospital authorities is progressing, and with their assistance arrangements are being made for the increasing use of conveyance by train. Patients are also encouraged to use public transport as much as possible, thus relieving the strain on the ambulance service.

Vital Statistics.

It is satisfactory to note that for the fourth year in succession no deaths have occurred from diphtheria in the county, and only one notification of this disease was received during 1950 as against three in the previous year.

Although the infant mortality rate of 24 per thousand live births is identical with that for 1949, the figure compares favourably with the rate of 29 for England and Wales.

The birth rate has, since 1947, continued to decline over the whole country and once again the Dorset rate of 14·6 shows a reduction on that for the previous year (16·1).

Since the poliomyelitis epidemic of 1947 the incidence of this disease has remained high and during the summer and autumn of 1950, 111 cases were notified, the highest figure recorded in any one year. This caused considerable concern as the epidemiology of this disease has not yet been solved and the exact mode of infection is not known.

A review of poliomyelitis in Dorset during 1950 is contained in a special article by Dr. A. G. Scott, the senior assistant county medical officer, which appears later in this report.

Finally, I should like to put on record the *esprit de corps* and enthusiasm of my staff who, with a high degree of efficiency, work as a team. This team spirit I regard as highly important and is, I feel, amply reflected not only in the work of the department, but also in the pages of this report: nor is this co-operative atmosphere confined to the department, but is shared with other departments and also with members of the committees and sub-committees. Mr. Douglas Jackman has continued in the Chair of the Health and Social Services Committee, and I have been assisted and encouraged by his very able guidance to an extent which makes my work not only easier but a pleasure. Therefore, to him, to members of the committees and to the staff generally my best thanks are due. I should also like to mention my deputy, Dr. A. F. Turner, Dr. Leonora S. Evans, Mr. F. M. W. King (County Sanitary Officer) and Mr. H. L. Hutchings (Chief Clerk) who have given me considerable assistance in compiling this report.

A. A. LISNEY,

June, 1951. *County Medical Officer of Health.*

STAFF OF HEALTH DEPARTMENT

Central Staff

County Medical Officer of Health;
County School Medical Officer.

LISNEY, A. A., M.A., M.D., D.P.H.

Deputy County Medical Officer of Health;
Deputy County School Medical Officer.

GILLORAN, J. L., M.B., CH.B., D.P.H. (Resigned 30/9/50).
TURNER, A. F., M.B., B.CH., D.P.H. (Commenced 1/12/50).

Senior Assistant County Medical Officer.

SCOTT, A. G., M.B., CH.B., D.P.H. (Commenced 4/12/50).

Assistant County Medical Officers.

BLAKER, P. S., M.R.C.P., M.R.C.S., D.P.H. (Temporary) (Resigned 31/3/50).
EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.
SCOTT, G. B., D.S.O., M.R.C.S., L.R.C.P. (Temporary).
SIMONDS, W. H., M.B., B.CH., M.R.C.S., L.R.C.P. (Commenced 1/5/50).

(*Combined Appointments*).

ARMIT, A., M.B., CH.B., D.P.H.
LAWRENCE, I. B., M.B., CH.B., D.P.H.
MAYES, J. B. M., M.R.C.S., L.R.C.P., M.B., B.S., D.P.H. (Commenced 1/1/50).
O'KEEFFE, E. J., M.R.C.S., L.R.C.P., D.P.H.
PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.
WALLACE, E. J. G., M.B., CH.B., D.P.H.

Joint Appointments with Regional Hospital Board.
(*Consultant Chest Physician*).

CRAWLEY, F. E., M.D., M.R.C.P. (Resigned 7/8/50).
CLARK, A., M.D., M.R.C.P. (Commenced 1/10/50).

Senior Dental Officer.

PRETTY, P. J., L.D.S.

Dental Officers.

HODGES, W. V. A., M.C., L.D.S.
MCDONALD, MRS. S., L.D.S. (Commenced 6/3/50).

County Sanitary Officer.

KING, F. M. W., M.S.E., M.I.S.E., M.R.SAN.I., M.S.I.A.

Assistant County Sanitary Officer.

PARRY, A. H., M.R.SAN.I., M.S.I.A.

County Ambulance Officer.

THOMPSON, W. G. M.

Educational Psychologist.

TAYLOR, R. J. M., M.A., B.ED. (Commenced 1/8/50).

Psychiatric Social Worker.

FILLITER, MISS A.

Domestic Help Organiser.

LE FANU, MISS B., B.A., B.SC.

Superintendent Health Visitor;
Supervisor of Midwives;
County Nursing Superintendent.

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

Assistant Superintendent Health Visitors;
Supervisors of Midwives;
Assistant County Nursing Superintendents.

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.
MASON, MISS E. M., S.R.N., S.C.M., H.V.CERT.

Health Visitors.

ALLEN, MISS F. N., S.R.N., S.C.M., H.V.CERT.
BADSWORTH, MISS M. G., S.R.N., S.C.M., H.V.CERT.
BIRCH, MRS. L. M., S.R.N., S.C.M., H.V.CERT. (Commenced 2/10/50).
BULLOCK, MRS. M. E., S.R.N., S.C.M., H.V.CERT.
CRISP, MISS L. M., S.R.N., S.C.M., H.V.CERT.
FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT.
HARWIN-RICKETTS, MRS. M. V., S.R.N., S.C.M.
HODGE, MISS M. O., S.C.M., H.V.CERT.
JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.
KENNEDY, MISS G. E. M., S.R.N., S.C.M., H.V.CERT.
KEOHANE, MISS M., S.R.N., S.C.M., H.V.CERT.
LLOYD-PRYCE, MRS. M. M., S.R.N., C.M.B. CERT. (Part 1), H.V.CERT. (Commenced 1/2/50).
MACK, MISS O., S.R.N., S.C.M., H.V.CERT.
MASTERS, MRS. E. S., S.R.N., S.C.M., H.V.CERT.
MULLALLY, MISS M. M., S.R.N., S.C.M., H.V.CERT. (Resigned 30/6/50).
READ, MISS L. M., S.R.N., S.C.M., H.V.CERT.
TRUSCOTT, MISS M., S.R.N., S.C.M., H.V.CERT.
WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT.

Oral Hygienist.

MURTON, MRS. V.

Dental Attendants.

GILL, MRS. M. C. H.
HICKS, MISS P. (Resigned 30/4/50).
MACKINNON, MRS. L.
PALEY, MISS D. (Resigned 22/4/50).
WOOD, MISS A. B.

Chief Clerk.

HUTCHINGS, H. L.

Social Services.

Chief Executive Officer.

LEWIS, A.

Assistant Officer.

LOMAX, H.

District Officers.

BAMFORD, K. W. (Commenced 24/10/50)
HOPKINS, C. G. (Commenced 3/3/50)
JOHNSTON, H. T.
PORTSMOUTH, R. G. (Died 3/3/50)
RANDALL, W. R.
RICHARDS, W. E.

} Also authorised officers for the purpose of the Lunacy and Mental Treatment Acts.

Chief Officer for the Welfare of the Blind.

TYACKE, MISS O.

Chief Mental Deficiency Officer.

BAZELEY, MISS D. K.

Mental Welfare Workers.

BUCK, MISS A., M.A., Social Science Cert.
STEVENSON, MISS J.

Home Teacher.

LAURENCE, MISS M. D.

Supervisor, Poole Occupation Centre.

FRENCH, MRS. C. E., M.A.O.T.

Poole Area Staff

Area Medical Officer;
School Medical Officer, Excepted Area.

CHESNEY, G., M.D., D.P.H.

Assistant County Medical Officers.

BLAKER, P. S., M.R.C.P., M.R.C.S., D.P.H. (Temporary) (Commenced 22/5/50).
MACKENZIE, A. C., M.D., B.CH., D.P.H. (Resigned 30/4/50).
MOIGNARD, J. P., M.A., B.M., B.CH., M.R.C.O.G.
SINCLAIR, J. A., M.B., B.CH., D.P.H.

Dental Officers.

ALLEN, R., L.D.S.
RIMMER, W. K., L.D.S.
THOMAS, C. E., L.D.S. (Commenced 16/1/50).

Area Domestic Help Organiser.

RICHARDS, MRS. P. (Resigned 23/8/50).
THICKETT, MISS L. M. (Commenced 2/10/50).

Assistant Superintendent Health Visitor;
Supervisor of Midwives.

KINGSBURY, MISS M. M., S.R.N., S.C.M., H.V.CERT.

Health Visitors.

BROOKS, MISS H. E., S.R.N., S.C.M., H.V.CERT.
DAVIES, MRS. B. M., S.R.N., S.C.M., H.V.CERT. (Resigned 31/5/50).
HALL, MRS. V. M., S.R.N., S.C.M., H.V.CERT. (Commenced 1/8/50).
KOSTER, MISS I. F., S.R.N., S.C.M., H.V.CERT.
KUSEL, MISS V. M., S.R.N., S.C.M., H.V.CERT.
LEVER, MISS L. B., S.R.N., S.C.M., S.R.F.N.
MORRIS, MISS M., S.R.N., S.C.M., H.V.CERT. (Resigned 31/3/50).
NARBETT, MRS. V., S.R.N., S.C.M., H.V.CERT.
PHILLIPS, MISS M. A., S.R.N., S.C.M., H.V.CERT.
PORTER, MISS K. F., S.R.N., S.C.M., H.V.CERT.
STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.

Midwives (Whole-time).

BELLRINGER, MISS I. M.
COLLINGS, MRS. D. W. (Retired 31/8/50).
FORREST, MISS L. I. I.
GRENET, MISS D. M.
KERNICK, MISS L.
O'LEARY, MISS M.
ROBERTS, MISS J.
STEIN, MISS F. C.
THICKETT, MISS M. (Commenced 24/7/50).
TUGWELL, MISS E. F.
TYNDALE-BISCOE, MISS B. B.

Matron, Sharrow House Day Nursery.
McCutcheon, Miss M. J.

Dental Attendants.

Forrest, Miss G.
Mattison, Mrs. E. T.
Nicholls, Miss R. N.

South Dorset Area Staff

Area Medical Officer;
School Medical Officer, Divisional Executive.

Wallace, E. J. G., M.B., CH.B., D.P.H.

Assistant County Medical Officer.

Ward, C. A. G., M.B., B.S., M.R.C.S., L.R.C.P.

Health Visitors.

Allgood, Miss D. B., S.R.N., S.C.M., H.V.CERT.
Brock, Miss L. S.R.N., S.C.M., H.V.CERT.
Gillham, Miss K. B., S.R.N., S.C.M., H.V.CERT. (Commenced 8/5/50).
Hughes, Mrs. G. M., S.R.N., S.C.M., H.V.CERT. (Commenced 2/10/50).
Richardson, Miss G. F., S.R.N., S.C.M., H.V.CERT.
Sunderland, Miss D., R.S.C.N., S.R.N., S.C.M., H.V.CERT.

Midwives (Whole-time).

Campbell, Mrs. I.
Curtis, Mrs. H.
Emery, Miss G. S.
Fooks, Miss D. M.

Dental Attendant.

Kitchen, Mrs. M. E.

OFFICERS OF OTHER LOCAL AUTHORITIES

(*at 31st December*, 1950)

Boroughs.	*Medical Officers.*	*Sanitary Inspectors.*
Blandford Forum	Dr. J. B. M. Mayes	(*Vacant*).
Bridport	*Dr. A. Armit	Mr. R. N. Armstrong.
Dorchester	Dr. I. B. Lawrence	(*Vacant*).
Lyme Regis	*Dr. A. Armit	Mr. E. Prescott.
Poole	*Dr. G. Chesney	Mr. R. Leggat (Senior).
		Mr. C. Glover.
		Mr. R. M. Impett.
		Mr. C. A. Trim.
		Mr. G. Tucker.
		Mr. C. H. Woodlands.
Shaftesbury	Dr. N. F. Pearson	Mr. W. N. Teasdale.
Wareham	Dr. E. J. O'Keeffe	Mr. N. J. Arney.
Weymouth and Melcombe Regis	*Dr. E. J. G. Wallace	Mr. H. Handscomb (Chief).
		Mr. A. L. Harris.
		Mr. R. G. S. Newbould.
Urban Districts.		
Portland	Dr. E. J. G. Wallace	Mr. H. R. A. Bolt.
Sherborne	Dr. N. F. Pearson	Mr. C. E. Bean.
Swanage	Dr. E. J. O'Keeffe	Mr. K. W. Greenwood.
Wimborne	Dr. J. B. M. Mayes	Mr. E. Gellender.

Rural Districts.	*Medical Officers.*	*Sanitary Inspectors.*
Beaminster	Dr. A. Armit	Mr. C. C. Rundle.
Blandford	Dr. J. B. M. Mayes ...	Mr. G. S. C. Udall (Senior). Mr. E. R. Chillingford.
Bridport	Dr. A. Armit	Mr. L. F. A. Maddocks (Chief). Mr. J. R. Newman.
Dorchester	Dr. I. B. Lawrence ...	Mr. N. Rawlins (Senior). Mr. C. F. Allard.
Shaftesbury	Dr. N. F. Pearson ...	Mr. W. E. Breeds.
Sherborne	Dr. N. F. Pearson ...	Mr. H. Shepherd (Chief). Mr. L. Poole.
Sturminster	Dr. N. F. Pearson ...	Mr. J. H. Dean (Senior). Mr. F. Hodson.
Wareham	Dr. E. J. O'Keeffe ...	Mr. A. T. Selvey (Senior). Mr. E. D. Grant.
Wimborne	Dr. J. B. M. Mayes ...	Mr. W. G. Hall (Senior). Mr. W. Chick. Mr. D. C. Mulley.

* *Also Port Medical Officer.*

COMMITTEES

The County Council delegated to the Health and Social Services Committee:—

(*a*) their powers and duties under the appropriate statutes relating to:—

Registration and exemption from Registration of Nursing Homes;
Health Education and Prevention of Illness, Care and After-Care;
Maternity and Child Welfare and the Notification of Births and Infectious Diseases;
Midwives and the Supervision of Midwives;
Care of Mothers and Young Children;
Health Visiting;
Midwifery;
Home Nursing;
Vaccination and Immunisation;
Health Centres and Ambulances; and

(*b*) their powers and duties under the following statutes:—

(i) Housing Acts, 1936-1946, and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same, with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the County Council;

(ii) National Assistance Act, 1948;

(iii) The Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Act, 1946;

(iv) Section 25 of the Food and Drugs Act, 1938, the Food and Drugs (Milk and Dairies) Act, 1944, and the Milk (Special Designations) Act, 1949, and any Orders made thereunder and any enactment or Orders amending the same;

(v) Nurses Acts, 1943-1945, and any enactments amending the same;

except the power of levying or issuing a precept for a rate or borrowing money.

The following powers and duties have been re-delegated to Sub-Committees:—

(a) *Poole and South Dorset Area Health Sub-Committees.*

The functions of the Council with regard to day-to-day administration of the following services under the National Health Service Act, 1946, subject to general control and direction with regard to policy being exercised by the Health and Social Services Committee:—

(i) Care of Mothers and Young Children;
(ii) Midwifery;
(iii) Health Visiting;
(iv) Domestic Help.

Referred Business.

To consider and advise upon any matter referred to the Sub-Committees by the Health and Social Services Committee, or by the Maternity, Child Welfare and Nursing Sub-Committee, the Health Centre and Ambulance Services Sub-Committee, or the Social Services Sub-Committee, or by the respective Chairmen of such Committees or Sub-Committees in connection with the administration of any of the services provided by the County Council under Part III of the National Health Service Act, 1946.

(b) *Maternity, Child Welfare and Nursing Sub-Committee.*

The functions under the appropriate statutes relating to:—

(i) Maternity and Child Welfare;
(ii) Notification of Births and Infectious Diseases;
(iii) Supervision of Midwives;
(iv) Care of Mothers and Young Children;
(v) Health Visiting;
(vi) Midwifery ;
(vii) Home Nursing;
(viii) Vaccination and Immunisation;
(ix) Domestic Help;

except the day-to-day administration within their respective areas of Care of Mothers and Young Children, Midwifery, Health Visiting, and Domestic Help re-delegated to the Poole and South Dorset Area Health Sub-Committees.

(c) *Health Centre and Ambulance Services Sub-Committee.*

The functions of the County Council relating to Health Centre and Ambulance Services.

(d) *Social Services Sub-Committee.*

The functions of the County Council under:—

(i) The National Assistance Act, 1948;

(ii) The Lunacy and Mental Treatment Acts, 1890-1930, and Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Act, 1946;

(iii) Section 28 of the National Health Service Act, 1946, relating to Care and After-Care.

(e) *Public Health Sub-Committee.*

The functions of the County Council under:—

(i) The Housing Acts, 1936-1946, and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the County Council;

(ii) Section 25 of the Food and Drugs Act, 1938, the Food and Drugs (Milk and Dairies) Act, 1944, and the Milk (Special Designations) Act, 1949, and any Orders made thereunder and any enactments or Orders amending the same.

(f) *Nurses Acts Sub-Committee.*

The functions of the County Council under the Nurses Acts, 1943-1945.

NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA

NATURAL AND SOCIAL CONDITIONS

The natural circumstances of an area usually remain reasonably stationary, while any changes in the social conditions are invariably very slow in making themselves apparent and as no tendencies in this direction have been discernible during 1950, I have not felt it necessary to make any major alterations in the descriptive paragraphs contained in my Annual Report for the previous year.

Dorset is essentially a rural, well-wooded county of just under 1,000 square miles and although the highest point, Pilsdon Pen, in the west of the county is only 907 feet above sea level, the vista generally is pleasantly broken by considerable undulation. It is a county rich in tradition, archaeological remains and inherited architecture. The climate is mild and healthy with a high monthly average number of hours of sunshine. In the following table are given the average monthly rainfall figures for 1950 of 41 stations in the county, together with the average hours of sunshine per month of 2 coastal stations:—

Month.	*Average rainfall of 41 Stations.*	*Average hours of sunshine of 2 coastal Stations.*	*Month.*	*Average rainfall of 41 Stations.*	*Average hours of sunshine of 2 coastal Stations.*
January ...	·78 inches	39·6	July ...	5·26 inches	226·25
February ...	6·23 ,,	70·9	August ...	4·07 ,,	217·55
March ...	1·90 ,,	152·15	September ...	4·54 ,,	131·55
April ...	2·62 ,,	198·8	October ...	1·41 ,,	107·0
May ...	1·64 ,,	223·8	November ...	6·8 ,,	82·4
June ...	1·07 ,,	237·7	December ...	2·84 ,,	69·55

Commenting on the above statistics, the year's weather was in striking contrast to that of 1949, the rainfall for February, July, August, September and November being above average. The sunshine figures, however, compare favourably with those for 1949, an outstanding year, and at the coastal resort of Weymouth a total of 1,824 hours of sunshine was recorded during 1950 as against 2,090 hours for the previous year.

I am indebted to the Urban District Meteorological Officer for the Swanage figures, the Borough Meteorologist for those relating to Weymouth, and to the Secretary to the Dorset Natural History and Archaeological Society for the others.

The three larger rivers, namely the Frome, Piddle or Trent and the Stour, all traverse the county in an easterly direction, the first two meeting in the Poole harbour at Wareham and the Stour finally crossing into Hampshire to reach the sea at Christchurch. The smaller River Brit flows southward through Bridport to reach the sea at West Bay. These rivers and their tributaries provide the county with a good system of waterways and require a considerable amount of supervision in order to ensure that pollution does not become a danger to health.

Farming is naturally one of the chief activities in the county and although industry is relatively small in extent that which exists is of considerable importance. Stone quarries in the Purbeck area and in Portland, the potteries in Poole and Wareham and the rope and twine industries in Bridport all have a national reputation.

As Dorset enjoys a considerable coastline to the English Channel it is natural that the sandy beaches of Poole, Swanage, Weymouth, West Bay and Lyme Regis should attract holidaymakers during the season. These resorts are, in fact, extremely popular, but probably owing to the distance from large populated areas Dorset, as yet, remains unspoiled and it is to be hoped that it will never share the same fate of other counties with their congested roads during week-ends and holiday periods, summer dwellings and extensive caravan sites.

VITAL STATISTICS (*Tables* 1—5)

Birth Rate.

The birth rate for 1950 was 14·6 as compared with 15·8 for England and Wales. Both these figures show a decrease on the previous year while that for the county has not been so low since 1941.

Infant Mortality.

The infant mortality rate for Dorset for 1950 was 24, which is identical to that for the previous year and compares favourably with the national rate of 29.

Deaths.

There is little difference in the death rate for the county (12·4) as compared with the preceding year (12·5). In England and Wales the rate for 1950 was 11·6.

The chief causes of death, with the corresponding percentages of total deaths (3,629) are given in the following table:—

(1)	Heart disease	34·6
(2)	Cancer	16·2
(3)	Cerebral haemorrhage ...	12·8
(4)	Pneumonia	3·4
(5)	Bronchitis	3·3
(6)	Phthisis	1·9
(7)	Nephritis	1·2

The above figures indicate no appreciable change on those for the previous year.

Maternal Mortality.

Three maternal deaths occurred during 1950 representing a rate of ·68 as compared with ·44 in the previous year.

Zymotic Disease.

In 1950 zymotic deaths numbered 38 as against 20 for the previous year.

There was a considerable increase in the notifications of whooping cough, while those for measles showed an appreciable reduction on the notifications for 1949.

The incidence of poliomyelitis was greater than in any previous year, the figure being 111 in 1950, as compared with 68 in 1949, and 70 in 1947, when the incidence of this disease reached peak proportions both in Dorset and the country as a whole.

No deaths from diphtheria have now occurred during the past four years and the following table illustrates the decrease in this disease since 1940, when the immunisation campaign was launched on a national basis:—

Year.	*Cases Notified.*	*Deaths.*
1940	180	6
1941	98	10
1942	86	13
1943	80	10
1944	43	4
1945	17	3
1946	20	3
1947	11	—
1948	4	—
1949	3	—
1950	1	—

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

LIAISON WITH OTHER BODIES

During the year under review, the County Council's scheme for the care of mothers and young children has continued to be administered in close liaison with the following voluntary bodies:—

(*a*) Voluntary committees at welfare centres;
(*b*) Dorset County Nursing Association;
(*c*) Salisbury Diocesan Association for Moral Welfare.

Liaison with the Regional Hospital Board has been strengthened with a view to the supply of such specialist services as the County Council may require.

In this connection, the invaluable contribution to the work of the ante-natal clinics and welfare centres by the Pathologist and his staff at the County Laboratory and by the Bacteriologist in charge of the Medical Research Laboratory, Poole, has continued as heretofore and is much alpreciated by the medical staff in charge of the clinics.

Liaison with the Consulting Obstetricians and Gynaecologists has been well maintained much to the advantage of the County Council maternity services.

Close co-operation with the Chest Physician has been maintained and is particularly valuable when advice is needed in connection with tuberculosis contacts attending the ante-natal clinics and welfare centres.

Co-operation with the staff of the orthopaedic clinics in the county has continued, although fewer children were referred for advice from child welfare centres than formerly as new cases are now referred direct by the family doctor.

The unfailing assistance of the voluntary workers at the clinics and welfare centres has, as always, been a great help to the staff, mothers and children attending, and their valuable services are very much appreciated.

ANTE-NATAL AND POST-NATAL SERVICES (*Table* 6)

The ante-natal and post-natal services have continued unchanged during the year and there are no new developments to report. The number of clinics remain the same as in the previous year, although in the South Dorset Area the number of ante-natal sessions has been reduced as a result of falling off in attendances.

The overall attendances at County Council ante-natal clinics have inevitably declined since the introduction of the National Health Service, but have fallen to a far less extent than would have been expected in view of the facilities offered under the free maternity medical service, including the ante-natal clinics established by the Regional Hospital Board in connection with all hospital maternity units.

Expectant mothers attending County Council ante-natal clinics include the following categories:—

(*a*) Those who have booked a midwife to take charge of their confinements at home;

(*b*) Those referred for routine ante-natal care and health education by general practitioner-obstetricians engaged to take charge of the pregnancy and confinement;

(*c*) Those who have made arrangements for confinement in other counties and need ante-natal care temporarily, while staying in Dorset, usually referred from hospitals where maternity accommodation has been booked;

(*d*) Those who have booked maternity accommodation at hospital but, owing to difficulty of transport or other causes, are referred to County Council clinics for intermediate routine examination.

As mentioned in earlier annual reports, a large proportion of the premises in which the clinics are held are far from ideal for their purpose, but with careful improvisation and attention to hygienic measures, the work goes on unhindered, although lack of labour-saving devices, including running water and wash basins in consulting rooms, is causing much of what should be unnecessary fatigue to health visitors and midwives.

In this connection it is a matter of satisfaction to report that substantial progress has been made during the year towards obtaining suitable sites for the proposed new health clinics in the county; several have already been purchased, others are in the process of being designated by the Planning Committee, and it is hoped that the building of the first new centre at Hamworthy will be commenced shortly.

General Administration.

The general administrative arrangements set up when the National Health Service came into force in July, 1948, have continued to work smoothly and efficiently and there are no changes to report during the year under review.

The Maternity, Child Welfare and Nursing Sub-Committee are responsible for the care of mothers and young children over the whole county, while the responsibility for day-to-day administration in the Poole and South Dorset areas is delegated by the Health and Social Services Committee to the respective Area Health Sub-Committees.

The clinics in the county are staffed by assistant county medical officers, except in three instances where general practitioners attend on a sessional basis.

Health visitors are responsible for running the clinics in their own areas, under the direction of the medical officer in charge. Midwives attend the clinics with their patients and general practitioners are welcomed if they care to visit for consultation.

It is much to be regretted that no progress has been made during the year in the establishment of further dental clinics as had been planned prior to the advent of the National Health Service. As severe depletion in dental staff continues the scheme remains in abeyance, seriously to the detriment of the expectant and nursing mother whom it was planned to serve.

Fortunately the dental clinics at Dorchester and Poole continue to function successfully and are giving highly valuable service.

The ambulance service provided by the County Council has been made use of during the year to convey to the clinics expectant mothers who, owing to medical conditions, were unable to travel by public transport, and this has proved an inestimable boon in a variety of difficult circumstances.

Clinical Work.

The general character of the clinical work carried out at ante-natal clinics has remained unchanged during the year and consists of routine examination of expectant mothers at regular intervals with the object of detecting obstetric abnormalities and signs of ill health; and of arranging, usually by reference to the family doctor, for appropriate treatment before the onset of complications.

Educational work.

The education of the expectant mother in all matters pertaining to her health and that of her family is well recognised as one of the essential functions of the ante-natal clinic and is being more fully developed each succeeding year.

Education with the aim of promoting the mental health of the mother is being tackled energetically, as well as those subjects bearing on her physical well-being, so necessary for a happy and successful family life.

At the Dorchester clinic relaxation classes for expectant mothers, in charge of a fully trained physiotherapist, are held on Wednesday mornings for patients attending and are available to expectant mothers sent, by appointment, by general medical practitioners. A class for post-natal exercises is also provided for mothers.

Ante-Natal supervision.

This consists of routine medical and obstetrical examinations at regular intervals, the taking of specimens of blood for Wassermann and Kahn tests, blood grouping and rhesus investigation, arranging for dental examinations and treatment as required either at a dental clinic or by the patient's own dentist, and encouraging the patient to take the extra rations and food supplements provided under the Government welfare scheme. Arrangements are made for appropriate laboratory investigations when required and where advisable appointments are made for x-ray examinations at local hospitals.

Patients developing illness or obstetric abnormality during pregnancy are referred to the family doctor for treatment, or after consultation with him, may be referred to the obstetrician in charge of a hospital maternity unit for advice or institutional care.

A large number of women attending ante-natal clinics are found to have unsuitable home conditions for domiciliary confinement chiefly due to overcrowding and lack of home help. In these circumstances arrangements are made through the clinics for maternity accommodation at hospital or nursing home.

In this connection it is anticipated that the domestic help service, which is now being developed in the county, will prove of great value to mothers of young children who prefer to stay at home for confinement, but at present have no choice but to go into hospital owing to lack of efficient domestic help during the lying-in period.

Health of the Mother.

It is a matter of concern to the medical staff at the clinics, that the former high standard of nutrition of the women attending has slowly but perceptibly deteriorated during the past two years.

They are losing their *joie de vivre* and their good complexions, complaints of lassitude and irritability are common, far too many mothers suffer from chronic catarrhal conditions and increasing numbers of women require iron preparations to combat anaemia.

Contributory causes appear to be bad housing, including overcrowding and all its attendant worries, lack of adequate domestic help in times of sickness, and dietetic deficiencies.

In connection with the food situation, it is an acknowledged fact that the wife's rations, more often than not, are given to the husband with the result that the housewife eats little or no meat, cheese, or other source of first-class protein derived from her rations, and due to rising costs is prevented from purchasing other expensive sources of this essential food constituent. Vegetables and fruit also are too costly to be eaten freely by the mother of the family, with the result that she subsists mainly on carbohydrate. She certainly might make more use of fish in the family diet, but unfortunately this, too, is expensive, troublesome to prepare and is not popular unless fried in fat, which is often difficult to procure in adequate quantities.

Post-Natal supervision.

Post-natal examinations are carried out at all ante-natal clinics in the county, with the exception of Poole and Dorchester where separate post-natal sessions are held.

The number of women who attended post-natal clinics during the year is higher than in 1949, but is rather less than half the number who attended ante-natal clinics in 1950.

All women delivered in hospital receive post-natal care and general practitioners are now taking responsibility for this service under the terms of the medical maternity service. This means that a much larger number of women have the benefit of a routine post-natal examination six weeks after delivery, but until the service is extended to include further examinations at the third, sixth and ninth months after delivery, many morbid conditions for which childbirth is responsible will go undetected and untreated.

Ante-Natal and Post-Natal Examinations by General Practitioners.

The county scheme for ante-natal and post-natal examinations of all domiciliary midwifery cases by general practitioners, in districts not conveniently served by an ante-natal clinic, is still in operation, but due to changes brought about by the National Health Service Act, the facilities are now only made use of in those instances where a woman, who elects to book a midwife to take charge of her confinement, is unable to attend a clinic for examination.

Maternity Outfits.

Maternity outfits are available free of charge for all domiciliary confinements and the number issued during the year was 1,611.

Statistics.

Ante-Natal and Post-Natal Care at Local Health Authority's Clinics.

Area.	*Combined Ante-Natal and Post-Natal Clinics.*	*Separate Post-Natal Clinics.*	*1st Attendances.*		*Total Attendances.*	
			Ante-Natal.	*Post-Natal.*	*Ante-Natal.*	*Post-Natal.*
County ...	7	1	379	132	1,237	240
Poole ...	2	2	144	78	621	87
South Dorset ...	2	—	13	61	51	64

Ante-natal and post-natal examinations by general practitioners of patients who have booked a midwife, but are unable to attend County Council clinics:—

Ante-Natal Examinations:—	
Number of women examined	36
Number of examinations made	44
Post-Natal Examinations:—	
Number of women examined	1
Number of examinations made	1

WELFARE CENTRES (*Table* 7)

To meet demands occasioned by redistribution of population following the rapid development of new housing estates, new centres at Lytchett Minster (Upton), and Chickerell respectively, have been opened during the year, bringing the total number of centres maintained by the County Council to thirty-nine. This number includes ten centres provided by voluntary organisations. No centres have been closed during the year.

Attendances at the centres continue to be satisfactory though numbers might well have been considerably higher if larger and more suitable clinic premises had been available.

At present appointments at some of the centres have to be carefully spaced in order to avoid overcrowding, and educational projects designed to appeal to mothers of varying intellectual levels cannot be carried out because of insufficient accommodation.

A review of the services provided at welfare centres in the county during 1950 shows clearly that the facilities offered are fully appreciated. The value of the centres as well established advisory and educational units is proved by the steady level of attendances, the keenness with which the mothers apply their newly-acquired knowledge, and the fact that an ever-increasing number of mothers of high intellect find it worth their while to attend for instruction in mothercraft and other aspects of health education.

General Administration.

Since the introduction of the National Health Service the County Council is responsible for the care of mothers and young children over the whole county.

Staffing arrangements are similar to those for ante-natal and post-natal clinics.

Clinical Work.

The clinical work of the centres, as outlined in previous annual reports, is purely preventive in character and aims at the early detection of congenital and acquired defects and diseases, with the object of referring such cases to the family doctor for treatment before complications arise.

Each welfare centre is attended regularly by a medical officer and every infant is medically examined at his first attendance and thereafter at periodic intervals.

The nutritional requirements of premature infants and those suffering from anaemia are closely studied, laboratory investigations are carried out where necessary, and such infants are followed-up regularly in the home by health visitors.

Diphtheria immunisation sessions are held regularly at the centres and are well attended. The number of children attending for re-inforcing doses of prophylactic, shortly before attaining school age, is slowly increasing and every opportunity is taken of informing mothers of the value of this service.

Vaccination is not performed as a routine at all welfare centres, as it can only be done where the centre is open often enough to enable medical and nursing staff to give adequate supervision.

Trials with various preparations of whooping cough vaccine, sponsored by the Medical Research Council and begun some two and a half years ago in the Poole area, will continue for another year.

At Dorchester and Poole dental treatment is available for expectant and nursing mothers and young children at clinics staffed by county dental officers, working in close co-operation with the staffs of welfare centres.

In other areas in the county no progress has been made in the scheme planned for providing dental facilities in conjunction with all welfare centres, owing to the depletion of dental staff which followed the introduction of the National Health Service in 1948.

The present position is particularly serious because young children no longer have the opportunity of obtaining treatment at school dental sessions as was the case before the advent of the National Health Service when a full school dental service, adequately staffed, was maintained by the County Council.

Educational work.

Teaching is based on infant feeding and management, with special emphasis on the importance of breast feeding, on general hygiene and on the care of young children. The interest of mothers in health education is stimulated by discussions, posters, and suitable literature.

Demonstrations on the preparation and cooking of meals suitable for children of different ages are given periodically in conjunction with the Education Department and are much appreciated by the mothers and staffs at the centres.

The importance of proper storage and clean handling of food, and of the prevention of accidents in the home, is stressed by practical illustrations and talks by health visitors.

The exhibition stand, provided by the Central Council of Health Education, set up in the hall at the County Clinic at Dorchester is a useful means of presenting a vivid picture of subjects of vital interest in health education and is very helpful for demonstration purposes.

It is hoped that a survey on breast feeding, begun in January, 1950, in three selected rural areas in the county, when completed and its findings analysed, may throw light on some of the problems inherent in this subject and may prove useful in the future education of expectant and nursing mothers.

Welfare Foods.

The County Council scheme for the supply of welfare foods and medicaments has been continued during the year without amendment.

Welfare foods are available for sale at infant welfare centres at cost price plus ten per cent for handling expenses. Medicaments, of which only a very small number are authorised, are supplied free of cost when ordered by the medical officer in charge of the centre.

The aim of the scheme is to provide only those foods and medicaments which are essential to the nutritional needs of the nursing mother and her young children, and no medicaments are prescribed for curative purposes.

Statistics.

Analysis of attendances at welfare centres during the year:—

Infants under 1 year of age attending first time ...	2,406
Children 1—5 years of age attending first time ...	777
Total attendances of infants under 1 year of age ...	27,710
Total attendances of children 1—5 years of age ...	17,455
Number at the end of the year who were under 1 year of age	2,003
Number at the end of the year who were 1—5 years of age	5,409
Number of live births notified	3,933
Percentage that attended while under 1 year of age ...	61·1

BIRTH CONTROL

Administration.

Advice on contraception was given at Poole and Weymouth before the introduction of the National Health Service on 5th July, 1948, and this provision was transferred to the County Council on that date.

Since August, 1949, advice on contraception has also been provided at Dorchester, one special session being held monthly at Dorchester ante-natal clinic until August, 1950, when it was found necessary to hold two sessions monthly to meet the demands of those women resident in Dorset who, before this facility was provided throughout the county, were referred by their doctors to birth control clinics at Exeter and Salisbury.

Assistant medical officers in charge of ante-natal and post-natal clinics at Poole and Dorchester hold separate sessions for this service, and only patients specifically recommended by medical practitioners are given advice and instruction. In the South Dorset area advice, in appropriate cases, is given at post-natal clinics.

Statistics.

Contraception Clinics.

Clinics.	*No. of Sessions.*	*First Attendances.*	*Total Attendances.*
Dorchester	15	64	131
Burlea Towers, Poole ...	47	100	330
TOTALS	62	164	461

CARE OF PREMATURE INFANTS

Babies weighing 5½ lbs. or less at birth, irrespective of the period of gestation, are classified as premature and arrangements are made for this information to be supplied by doctors and midwives when notifying the birth of a child.

In domiciliary cases, midwives are required to seek immediate advice and any necessary assistance from the County Nursing Superintendent. Equipment for nursing at home is provided in appropriate cases by the County Council and, when necessary, these infants are admitted to hospital for special medical and nursing care.

The health visitors receive detailed information of premature infants born in their areas and pay special attention to their care when the responsibility of the midwife ceases at the end of the lying-in period, or on discharge from hospital or nursing home.

The number of premature births occurring in the county has risen sharply during 1950, being 278 as compared with 198 in 1949, but the percentage of these infants who survived the age of one month in 1950 was higher than in 1949, namely 85 per cent in 1950 compared with 74 per cent in 1949.

Statistics.

The number of premature infants notified during the year, including transferred notifications, whose mothers are normally resident in the county of Dorset, were:—

(*a*) Born at home 80

(*b*) Born in hospital or nursing home and including 17 transferred notifications 198

The following table gives details relating to the care of these premature infants:—

	Weight at Birth.	*Nursed entirely at home/Nursing Home/Hospital.*	*Died during 1st 24 hours.*	*Died on 2nd-7th day.*	*Died on 8th-28th day.*	*Survived 28 days.*
Born in Hospital	Under 3 lbs.	12	5	3	1	3
	3—4 lbs.	29	3	1	1	24
	4—5½ lbs.	145	6	3	1	135
Born in Nursing Home	Under 3 lbs.	—	—	—	—	—
	3—4 lbs.	2	—	—	1	1
	4—5½ lbs.	10	—	1	—	9
Born at Home; Nursed at Home	Under 3 lbs.	2	2	—	—	—
	3—4 lbs.	4	—	1	—	3
	4—5½ lbs.	60	3	1	1	55
Transferred to Hospital	Under 3 lbs.	2	1	—	—	1
	3—4 lbs.	4	—	1	—	3
	4—5½ lbs.	8	1	—	3	4

N.B.—The above figures include 17 premature births which took place outside Dorset and were subsequently transferred to this County.

DENTAL CARE

Expectant and Nursing Mothers.

Facilities for dental treatment for expectant and nursing mothers have continued under the county scheme and a report by the Senior Dental Officer on the service is appended.

Dental clinics are held at Dorchester and Poole in connection with ante-natal clinics, but elsewhere in the county expectant and nursing mothers have to rely for treatment on the general dental service.

Young Children.

The county scheme for the dental treatment of young children, which includes treatment either at dental clinics, where available, or at school dental sessions, can no longer be fully implemented due to depletion of dental staff. At present treatment is available at the county dental clinics at Dorchester and Poole, and at a very limited number of school sessions in a few areas where the school dental service is still in being.

Report by Senior Dental Officer.

'Dental treatment for expectant and nursing mothers is undertaken by the school dental officers at the Dorchester and Poole clinics, patients being referred to them from the ante-natal and post-natal clinics, general medical service, and hospital clinics.

It is always the aim of the service to render the patients dentally fit as soon as possible after the first inspection. In cases where extensive treatment is necessary, however, or where a patient is not seen until comparatively late in the pregnancy, urgent treatment only is carried out at the time and arrangements for the remainder of the treatment are made as soon as is practicable after the confinement. Facilities for x-ray examination are available at these clinics.

Dentures are provided if necessary, and in some cases when the front teeth have to be extracted the dentures are fitted immediately, thus avoiding the absence of teeth which can be an embarrassment to so many of these patients. The actual construction of the dentures is carried out by technicians to the profession.

In the remaining part of the county, including the South Dorset Area, patients are referred to the general dental service owing to the inadequate staff of school dental officers.

Children under five years of age are treated at the nearest school or clinic in those parts of the county which are still covered by the school dental service. As this is incomplete, it is necessary for some parents to make very long journeys in order that their children may receive treatment.'

Statistics.

Numbers provided with dental care:—

	Examined.	*Needing treatment.*	*Treated.*	*Made Dentally Fit.*
Expectant and Nursing mothers	191	184	135	131
Children under five ...	242	196	194	188

Forms of dental treatment provided:—

	Extractions.	*Anaesthetics.*		*Fillings.*	*Scalings or Scaling and gum treatment.*	*Silver Nitrate treatment.*	*Dressings.*	*Radiographs.*	*Dentures provided.*	
		Local.	*General.*						*Complete.*	*Partial.*
Expectant and Nursing Mothers	278	110	29	312	129	2	54	8	24	43
Children under five	216	10	128	174	2	11	58	—	—	—

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

A joint circular from the Home Office, Ministry of Health and Ministry of Education, dated 31st July, 1950, with regard to children neglected or ill-treated in their own homes, was submitted to the Maternity, Child Welfare and Nursing Sub-Committee at their meeting on 11th October, 1950.

The circular pointed out that in their capacities as health authority, education authority, welfare authority, housing authority and as authority for the purposes of the Children Act, 1948, local authorities had powers to assist families and so avoid the enforced removal from their homes.

If effective help was to be given at an early stage it was essential that there should be co-ordinated use of the statutory and voluntary services, and local authorities were accordingly requested to ensure that in their areas the most effective use was made of existing resources.

After consideration of the implications of the above circular by the appropriate committees, the following recommendations were made to the County Council at their meeting on the 10th November, 1950, when it was resolved:—

(*a*) That the Clerk be appointed temporarily as the designated officer for the purposes of the circular;

(*b*) That regular meetings of officers as suggested in the circular be not held but that arrangements be made for significant cases of child neglect and all cases of ill-treatment to be reported to the designated officer with a view to such cases being brought to the notice of the appropriate statutory or voluntary services and arrangements made where necessary for joint action between them;

(*c*) That the Home Office be informed accordingly.

PROTECTION OF CHILDREN FROM TUBERCULOSIS

Ministry of Health Circular 64/1950, dated 3rd July, 1950, makes the following recommendations:—

(*a*) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children unless and until the disease is certified as arrested. A candidate for such employment should therefore not be engaged without a medical examination, including an x-ray examination of the chest.

(*b*) Persons whose employment brings them into close contact with groups of children should have an x-ray examination of the chest annually.

(*c*) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should at once cease, and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained, both certificates being based on x-ray and bacteriological as well as clinical investigation. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year and at six-monthly intervals for the next two years.

(*d*) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should at once be undertaken.

The Minister, in view of his general responsibility for the public health and his particular concern in measures to combat tuberculosis, is anxious that everything possible shall be done to give effect to them. He asks the Council accordingly to do all they can to have the recommended measures carried out for the protection of groups of children under their care in their capacity of local health authority, including children in day nurseries provided under Section 22 of the National Health Service Act, 1946.

The recommendations of the Minister were considered by the Health and Social Services Committee of the County Council at their meeting on the 11th October, 1950, and have been put into effect in relation to persons employed in children's homes and residential nurseries, in so far as all applicants for employment in these establishments undergo a routine medical examination, including an x-ray examination of the chest, before engagement.

Recommendation (*b*) is under consideration and it is hoped in the near future to make an annual x-ray examination of the chest a condition of service for all persons employed at children's homes and residential nurseries maintained by the County Council. Other recommendations will be carried out as and when required.

NURSERY PROVISION

The demand for nursery provision in Dorset with the exception of the Borough of Poole is almost non-existent owing to the predominently agricultural nature of the county; also to the fact that married women who elect to go out to work are usually engaged only in part-time domestic duties and have little difficulty in arranging, either to take their young children with them or to leave them with relatives or friends for short periods.

The day-nursery at Poole is the only one in the county maintained by the County Council and was originally opened as a war-time measure. After the 14th December, 1945, it was continued as a post-war nursery under the welfare authority of the Borough of Poole until the 5th July, 1948, when it was transferred to the County Council under the National Health Service Act, 1946. No day nurseries are maintained by voluntary organisations.

The existing nursery, Sharrow House, Poole, is held under lease and is structurally unsuitable for the purpose, as well as being in a highly unsatisfactory state of repair.

Fortunately agreement has been reached, after prolonged negotiation, for the erection of alternative prefabricated accommodation in the grounds of Belmont Court, Parkstone, and it is hoped that building will be commenced in April, 1951. The new site is in a good position in a populous area, and should be convenient for mothers going to and from work.

Admissions are confined to children between the ages of two and five years whose mothers find it necessary by reason of social circumstances to work to support the family. These mothers are either single, separated, or widowed, or have disabled or invalid husbands.

The charge made in respect of each child admitted to the day nursery is:—

10/6d. per week or part of a week, including meals. The chairman of the appropriate committee, in consultation with the Area Medical Officer is empowered to reduce this charge in cases of hardship.

Statistical details are as follows:—

(*a*)	Number of children on the register at the end of the year ...	55
(*b*)	Average daily attendance during the year	48

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

No mother and baby homes have, as yet, been established by the County Council. but financial responsibility is accepted for the maintenance of mothers admitted to St. Monica's Home, Parkstone, which is run under the auspices of the Salisbury Diocesan Association for Moral Welfare and provides maternity accommodation for unmarried mothers.

Arrangements have also been made for cases to be admitted to other approved homes, including St. Gabriel's Home, Weymouth, Hope House, Salisbury, and the Free Church Home, Bournemouth.

No staff is employed by the County Council to deal with the problem of the unmarried mother and her children, but welfare workers, employed by the Salisbury Diocesan Association for Moral Welfare, work in close co-operation with the County Health Department. For these services an annual grant is made to the Association.

Statistics.

The number of admissions authorised during 1950 is as follows:—

St. Monica's Home, Parkstone	19
St. Gabriel's Home, Weymouth	32
Hope House, Salisbury	2
Free Church Home, Bournemouth	1
St. Thomas Lodge, Bournemouth	1
St. Joseph's, Grayshot, Surrey	1
The Fellowship of St. Michael' and All Angels, London, S.W.1. ...	1

MIDWIFERY SERVICE (Section 23) (*Table* 8)

General Administrative Arrangements.

The Dorset County Nursing Association, acting as agent of the County Council, is responsible for the midwifery service in the county, with the exception of Poole and Weymouth where the midwives are employed directly by the County Council.

The Association employs 56 midwives who also undertake part-time home nursing, while the County Council employ 10 whole-time midwives in the Poole area and 4 in the South Dorset area.

Supervision of Midwives.

The County Medical Officer and the Area Medical Officers act as medical supervisors of midwives.

The County Nursing Superintendent, who is an officer both of the County Nursing Association and of the County Council is the non-medical supervisor of midwives. She has three assistants, one of whom is the non-medical supervisor of midwives in the Poole area.

Recruitment.

During the year 12 appointments were made and there were 2 transfers within the county.

Altogether 12 resignations were received for the following reasons: 1 retirement; 2 domestic reasons; 7 for change of work; 2 to take health visitors' training.

Training arranged through the Dorset County Nursing Association during the year:—

Queen's district training	1
Gas and air course	4
Midwifery district training in conjunction with the West Dorset Group Hospital Management Committee	13
	18

Housing.

Every effort is made to see that suitable accommodation is available for the district nurse/midwives. Local district councils are approached for accommodation on their housing estates and this has met with a certain amount of success. In addition, the County Council has agreed to build houses where necessary.

The housing position is as follows:—

Houses owned by the County Council	1
Houses provided by district councils	6
Houses owned by the district nursing associations	9

Furnished rooms are rented by the County Council for one full-time midwife, while the remaining midwives provide their own accommodation.

Transport.

With the exception of two employed whole-time, all midwives use cars for their work. The majority provide their own cars and thus receive a travelling allowance.

Gas and Air Analgesia.

The provision of gas and air analgesia for domiciliary midwifery is very much appreciated by the mothers making use of the service, and of the 70 midwives employed in the county, all are qualified to administer analgesics in accordance with the requirements of the Central Midwives Board.

Sets of apparatus for the administration of analgesics numbering 59 in all are in use by domiciliary midwives. In 1,081 cases, analgesics were administered by midwives in domiciliary practice, 611 when acting as midwives and 470 when acting as maternity nurses.

Puerperal Pyrexia and Puerperal Fever.

A total of 25 cases of puerperal pyrexia was notified in Dorset during 1950 compared with 21 in the preceding year. Of these, 5 were domiciliary and 20 institutional confinements. No case of puerperal fever was notified during the year.

Ophthalmia Neonatorum.

Altogether 10 cases of ophthalmia neonatorum were notified in 1950, 4 more than in 1949. Three cases occurred in domiciliary practice and 7 in hospital. In 9 cases vision was unimpaired after treatment and the 10th patient could not be traced after discharge from hospital.

MATERNAL DEATHS

Three maternal deaths were recorded in the county during 1950, but none of these was due to sepsis.

NEONATAL DEATHS

An abstract from the files of the Registrar of Births and Deaths shows that 60 neonatal deaths were recorded in the county during 1950, compared with 75 in 1949 and 80 in 1948.

The total number of deaths of children under one year of age recorded in Dorset during 1950 was 87. Neonatal deaths were, therefore, responsible for 69 per cent of the deaths of children under one year of age, compared with 77·3 per cent in 1949 and 65 per cent in 1948.

Statistics.

Details of the work of the Local Supervising Authority.

(a) During the year 169 midwives notified their intention to practise as midwives and 34 as maternity nurses. At the end of the year 56 midwives were employed in the districts, 68 in institutions, 8 in private nursing homes, and 31 in private practice.

(b) 337 routine supervisory visits to domiciliary midwives were carried out by non-medical supervisors.

(c) The number of cases attended by midwives is shown in Table 8.

Number of cases in which medical aid was summoned (Midwives Act, 1918—Section 14):—

(a) *Domiciliary*:—	
(i) Where a medical practitioner had agreed to provide maternity medical services	46
(ii) Others—in which a claim was made by the practitioner attending	113
(b) *Nursing Homes*	4

Gas and Air Analgesia.

Number of midwives qualified to administer gas and air analgesia:—

(a) In hospitals	4
(b) In private nursing homes	4
(c) In domiciliary practice:	
(i) Employed by County Nursing Association	57
(ii) Employed by County Council	14
(iii) In private practice	4

Particulars relating to the work of district nurse-midwives.

(a) Midwifery cases	957
(b) Maternity cases	755

To these 1,712 cases, 10,444 ante-natal and 33,848 nursing visits were made during the pregnancy and puerperium.

Particulars relating to the work of midwives in hospitals and private nursing homes.

Number of cases attended:—

(a) Acting as midwives	1,313
(b) Acting as maternity nurses ...	967
Total ...	2,280

Causes of neonatal deaths.	*Deaths.*	*Percentage of total.*
Prematurity	24	40·0
Birth injury	9	15·0
Congenital malformations	12	20·0
Atelectasis	6	10·0
Respiratory diseases	4	6·6
Erythroblastosis foetalis	1	1·7
Haemorrhagic disease of the newborn ...	2	3·3
Asphyxia	1	1·7
Toxaemia due to acute maxillaryantritis ...	1	1·7
	60	100·0

Comparison between hospital and domiciliary confinements (figures for 1949 shown in brackets).

	Poole Area.	*South Dorset Area.*	*Remainder of County.*	*Whole County.*
1. The total number of births notified during the year	1,089 (1,240)	730 (760)	2,184 (2,215)	4,003 (4,215)
2. The percentage of notified births which took place in hospitals and nursing homes in 1950 ...	43% (49%)	73% (73%)	60% (53%)	58% (55%)
3. The percentage of domiciliary confinements in 1950	57% (51%)	27% (27%)	40% (47%)	42% (45%)

The above figures show that the total number of institutional confinements in the county has again increased in 1950 and is the highest on record.

Apart from obstetrical, medical and social necessities for which hospital maternity accommodation is essential, the demand of the public for this service is largely influenced by financial considerations. These are dependent on the rising cost of living and the fact that women confined in hospital free of cost to themselves receive the same amount of maternity grant under the National Insurance Service as those confined at home, where all the expenses incidental to a domiciliary confinement are a charge on the family earnings.

HEALTH VISITING (Section 24) (*Table 9*)

General Administrative Arrangements.

The health visitors are employed by the County Council on a whole-time basis and undertake a wide range of duties, including those defined under this section of the Act.

The establishment consists of thirty-two health visitors for the whole county. For this purpose the county is divided into areas and each health visitor is responsible for all health visiting duties, including attendances at clinics and welfare centres, in her allotted area.

The Whitley Council Award to health visitors and district nurses was made known in Circular M.M.C. (L.A.) No. 7, dated 11th September, 1950, and implemented with effect from 1st February, 1949. Health Visitors have, therefore, now received their retrospective adjustment of salary.

Expansion of duties.

The outstanding feature of the duties to be undertaken by health visitors under the National Health Service Act, 1946, is the emphasis placed on the need for the care of the household as a whole, including the preservation of health and precautions against the spread of infection.

This wider conception has led to a great expansion of the work for which health visitors are responsible and gives increased opportunity for staff with higher qualifications.

With this end in view, applications were invited from health visitors in the county to enrol for a part-time course of study for the Diploma in Social Administration; the County Council to be responsible for a portion of the fees for the course and permitting lectures to be taken in duty hours.

The course extends over two academic seasons and is divided into Part I and Part II, and candidates are required to pass the examination in Part I before proceeding to Part II.

Seven health visitors, five in the county area and two in the South Dorset area, decided to take the course and were enrolled in October, 1949, attending lectures two afternoons weekly at Dorchester.

All passed the examination for Part I in July, 1950, and six commenced the course of lectures for Part II in October, 1950, intending to take the examination in June, 1951.

The result of the examination for Part I is highly creditable as, apart from lectures, all preparation, which was considerable, was done in the candidates' own time.

It is hoped that year by year further groups of health visitors will take this most stimulating and useful course, which will considerably enhance the value of their work in the county.

Refresher Courses.

In addition to those who are taking the Diploma in Social Administration two health visitors attended refresher courses during the year. These courses would be of greater value if special stress were laid on the educational aspect of the health visitors' work and more time given to methods of presenting health education in an attractive form to the public.

Transport.

Health visitors use their own cars for official purposes and receive a travelling and subsistence allowance in accordance with the county scale.

Statistics.

Visits undertaken by the health visitors:—

First visits to infants under 1 year of age	4,208
Total visits to infants under 1 year of age	26,914
First visits to children between the ages of 1—5 years ...	212
Total visits to children between the ages of 1—5 years	41,017
First visits paid to expectant mothers	588
Total visits paid to expectant mothers	907
First visits paid to other cases	1,934
Total visits paid to other cases	5,051

HOME NURSING (Section 25)

The Dorset County Nursing Association was formed in 1914 'to enable the sick poor throughout the County to obtain skilled and efficient nursing in their own homes'. During the early years only 23 nurses were employed through local district nursing associations. In 1917, 2,573 cases were nursed and a total of 25,598 visits were made. The nurses were undertaking combined work—midwifery and, in some cases, health-visiting.

The service has gradually increased and now covers the whole of the county, 56 nurse-midwives undertaking part-time home nursing and 22 nurses engaged on general nursing only. Of these, 52 are 'Queen's' nurses, 13 State Registered and 13 State Enrolled Assistant Nurses. During the year a total of 8,749 patients were nursed and 143,487 visits were made.

A high percentage of the nursing undertaken is the care of the aged and infirm and many old people are thus enabled to spend their last days in their own homes.

General practitioners are assisted in their work by the skilled nursing care available for the patients and the co-operation of the nurses.

Hospitals are able to discharge patients earlier to the care of the family doctor and local district nurse, thus reducing the demand on out-patient departments and cost of travel.

Administrative Arrangements.

The Dorset County Nursing Association, acting as agent to the County Council, is responsible for the home nursing service in the county.

The Association employs 56 part-time home nurses who also undertake part-time midwifery, and 22 nurses who undertake home nursing only.

Recruitment.

Nurses employed through the Dorset County Nursing Association (undertaking combined work (midwifery and general nursing)).

36 Queen's nurses, S.C.M.;
8 State registered nurses;
12 State enrolled assistant nurses, S.C.M.

Nurses undertaking general nursing only.

16 Queen's nurses;
5 State registered nurses;
1 State enrolled assistant nurse.

Six appointments were made during the year and 4 resignations were received for the following reasons:

1 retirement; 1 going abroad; 1 marriage and 1 to take midwifery training.

Housing.

In addition to the details given under the section dealing with midwifery one flat and office for the administration of the home nursing service is provided in Poole. The remainder of the nurses provide their own accommodation.

Transport.

Domiciliary nurses doing general nursing use cars for carrying out their duties.

Statistics.

The following table shows the number of district nurses employed in the county and the number of visits made during the year:—

Authority.	*Number of Home Nurses employed at 31st December, 1950.*		*Equivalent Whole-time home nursing service provided in the previous column.*	*Number of cases attended by Home Nurses during the year.*	*Number of visits paid by Home Nurses during the year.*
	Whole-time on home nursing.	*Part-time on home nursing.*			
The County Council, by agreement with the Dorset County Nursing Association ...	22	56	28	8,749	143,487

VACCINATION AND IMMUNISATION (Section 26) (*Tables* 10 *and* 11)

Diphtheria Immunisation

Administrative Arrangements.

No change has been made in the county scheme for immunisation which was outlined in my Annual Report for 1948, and which has continued to function successfully during the year.

The aim of the scheme is to utilise the services of general practitioners, assistant county medical officers, health visitors and district nurses to ensure that as many children as possible are immunised against diphtheria. Every effort is made by all concerned to impress upon parents the need for diphtheria immunisation, either by their own doctor or by assistant county medical officers at convenient centres.

A special drive has been made during the year to stress the need for re-inforcing doses of prophylactic for children, who have been immunised in infancy, at regular five-year intervals during school life. The importance of a maintenance dose for children of ages four to five years so that they may commence school well protected, is pointed out to parents by health visitors and medical officers at welfare centres and is meeting with a fairly good response.

During the months when poliomyelitis was incident in the county, diphtheria immunisation sessions at child welfare centres and school medical inspections were suspended in those areas in which cases had actually occurred. Several general practitioners followed this lead as it was agreed that a single case of poliomyelitis developing in a child recently immunised would probably do irreparable harm to the cause of prophylactic treatment in general.

Arrangements for Sessions.

Primary immunisations and re-inforcing doses to children under the age of five years are given at the ordinary session of welfare centres and re-inforcing doses are administered by assistant school medical officers when they carry out routine school medical inspections, or at special sessions.

Records and payment of fees.

Medical officers and general practitioners performing immunisations are required to complete and send to the County Health Department a prescribed record card when, in the case of medical practitioners, they are credited with the approved fee.

Organised measures to encourage immunisation.

No changes have been made during the year.

Propaganda.

Films are shown from time to time, and lectures given at welfare centres and to suitable audiences such as women's institutes and parents' associations. Full use is made of any national publicity material made available by the Ministry of Health.

Statistics.

The following table shows the percentage of children who had completed a course of diphtheria immunisation before December 31st, 1950, compared with the same figures for 1949 and 1948:—

	1950	1949	1948
Children under 5 years of age ...	73·10	73·0	70·43
Children aged 5—15 years	82·00	83·0	83·91
Total number of children under 15 years	78·76	79·4	79·69

	Age groups years.	*Number.*
Children who have received re-inforcing doses	1— 4	40
	5— 9	1,948
	10—15	1,429
	Total	3,417

The procedure is the same as for diphtheria immunisation, but in practice the general practitioner undertakes the majority of vaccinations and parents are encouraged to use the services of the family doctor for this purpose.

Arrangements in the event of an outbreak of smallpox.

In the event of an outbreak of smallpox in any part of the county, involving a large emergency demand for public vaccination, arrangements would be made for general practitioners and members of the county medical staff to conduct sessions at any suitable premises, such as clinics, village halls or schools.

The public will be informed by means of loud-speaker vans, press notices and announcements in cinemas and other places of entertainment of the measures in operation.

AMBULANCE SERVICE (Section 27) (*Tables* 12 *to* 14).

During the year, the demand for the ambulance service continued to increase. The mileage covered by ambulances was 40 per cent greater than the figure for 1949 and 80 per cent more patients were carried. In the case of the hospital car service the total mileage for the year showed only a 5 per cent increase compared with last year, but 30 per cent more patients were carried.

With the continued and growing demand for hospital treatment it is inevitable that a correspondingly heavy burden should be thrown on the ambulance service. It should be noted, however, that the increase in mileage has been proportionately less than the increase in the number of patients carried. In other words measures taken to ensure that the service is used in the most economical way, compatible with satisfying the needs of the public, have met with some measure of success. As indicated later in this section, economies have been achieved, *inter alia*, by sending long distance cases by rail where possible and by a close integration with the hospitals to avoid duplication of journeys.

The table below, giving the average mileage per patient and the average number of patients carried per journey for the ambulance service and the hospital car service in 1949 and 1950, shows that the figures for 1950 are in each case an improvement on the previous year:—

Year	*Ambulance Service*		*Hospital Car Service*	
	Average Mileage per Patient.	*Average Patients per Journey.*	*Average Mileage per Patient.*	*Average Patients per Journey.*
1949	11·3	1·38	25·1	1·09
1950	8·8	1·61	20·4	1·25

The county ambulance service is made up of the following components:—

(*a*) seven ambulance depots staffed by personnel engaged by the County Council on a full-time basis;

(*b*) four ambulance depots staffed and administered by the British Red Cross Society or St. John Ambulance Brigade on an agency basis;

(*c*) four ambulance depots staffed by part-time personnel employed by hospitals or rural district councils and paid call-out fees by the County Council; and

(*d*) the hospital car service comprising approximately 200 drivers using their own cars and paid by the County Council on a mileage basis.

No special ambulances are set aside for the transport of patients suffering from infectious diseases, but teams of personnel vaccinated against smallpox are maintained at Poole and Weymouth depots, and an agreement has been entered into with Exeter City Council for the conveyance of persons suffering from smallpox within the Borough of Lyme Regis to the smallpox hospital at Upton Pyne, Devon.

General Administration.

The hospital car service has been more closely integrated with the ambulance service in the Poole and Weymouth areas, and the smaller ambulance depots within an eight mile radius of Poole have been formed into a group for the better co-ordination of journeys. This re-organisation should result in economy in mileage and an increase in the number of patients carried per journey.

The revised rate of 7d. per mile for the first 800 miles, and 5d. per mile for all mileage over 800 in each month, recommended for the hospital car service by the County Councils Association, was adopted with effect from 1st December, 1950. This rate compares favourably with the cost per mile in some counties where the hospital car service vehicles and drivers are provided by taxi proprietors under contract.

The county ambulance service has continued to work in very close liaison with the hospitals, and particularly with the hospital transport officers. This co-operation has helped considerably to restrain the heavy demands on the service and to prevent abuse. For example, requests for hospital cars for repeated attendances at hospitals are reviewed at the end of each month, and patients who are considered fit enough are instructed to use public transport for further attendances. As far as possible out-patient treatment is arranged at the hospital nearest to the patient's home.

In my Annual Report for 1949 mention was made of the steps taken to encourage the sending of long distance cases by rail instead of by road. This form of transport has become more popular with both doctors and patients alike, and several letters of appreciation have recently been received from patients who have travelled by rail. There is no doubt that the number of rail journeys will continue to increase when it is fully realised that every detail of the itinerary from door to door is arranged by the ambulance service, and that journeys by train over long distances are often more comfortable than by road as well as being better suited to the needs of the patient.

Long distance journeys by ambulance are very uneconomical, as in most instances patients are carried one way only and the ambulance involved may not be available for local duties for as long as three days at a time; there is also the question of overtime payment to the personnel concerned.

During 1950 arrangements with the voluntary organisations were maintained, and agreements with the British Red Cross Society in Charmouth and Gillingham and with the St. John Ambulance Brigade in Dorchester and Shaftesbury were renewed for a further period of one year. The British Red Cross Society and the St. John Ambulance Brigade also assisted considerably in the provision of attendants for both road and rail journeys. The agreement with the St. John Ambulance Brigade in Poole covering long distance and out-county journeys was terminated.

Staff.

During the year the number of full-time personnel was increased by 4, bringing the total to 35.

Full-time staff were engaged at the Blandford and Bridport depots where part-time personnel had previously been employed. Wherever possible the County Council encourages agency agreements with voluntary organisations, but in neither case were the British Red Cross Society or the St. John Ambulance Brigade able to take over the part-time organisations concerned, who had found it impossible to continue providing the service.

Depots.

Alterations including sleeping accommodation for staff were carried out at the Dorchester ambulance depot where, in future, a twenty-four hour service will be maintained. A large room for county reserve equipment was also adapted at this depot.

A new garage to accommodate two ambulances and one sitting case car was built at Bridport, and plans were approved for garages and staff quarters at Weymouth and Swanage.

The number of depots in the county remains at fifteen.

Vehicles.

Six new ambulances and two new utilicons were added to the fleet, and four of the old ambulances were sold. The vehicle situation at the end of the year was as follows:—

	Ambulances.	*Sitting Case Cars.*
Vehicles in use	26	7
Vehicles for replacement before 31.3.52 ...	7	2
Vehicles on order	7	7

When the above replacements have been completed 31 out of the 38 vehicles in the county fleet will be of 1948 manufacture or later.

Joint arrangements with neighbouring local health authorities.

Mutual aid agreements with neighbouring local health authorities were renewed as for the previous year. These cover:—

(*a*) emergency calls near the boundary undertaken free of charge; and
(*b*) ordinary calls undertaken at the request of the responsible authority, in which case the standard charge is made.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

In previous annual reports I stressed the fact that this is probably the most important section in Part III of the National Health Service Act, and gives local health authorities considerable scope to improve and extend their preventive work.

The following paragraphs give details of the services in operation, including those established during 1950.

Tuberculosis.

During the year 2,949 visits to the homes of tuberculous patients were made by health visitors who also advise all contacts to attend the chest clinic for examination and, in the case of susceptible children, for immunisation with B.C.G. It is anticipated that B.C.G. vaccination may eventually become a routine procedure on lines similar to diphtheria immunisation.

A change in the appointment of chest physician resulted in delay in the implementation of this scheme and Dr. A. Clark, who commenced his duties on 1st October, was not in a position to make any appreciable progress before the end of the year. The following are the relevant statistical details relating to B.C.G. vaccination:—

Age Periods	0—	1—	2—	5—	10—
Males ...	1	—	2	5	—
Females ...	2	—	4	2	—
Totals ...	3	—	6	7	—

Domiciliary cases of tuberculosis in need of care are referred to the British Red Cross Society on the recommendation of health visitors, and this Society has continued to give valuable assistance to the County Council in regard to the scheme for providing tuberculous patients with handicraft materials, books, and other home comforts. A grant of £910 per annum is made to the Society to cover all the work they undertake under Section 28 of the Act as agents for the County Council.

Free milk grants and the provision of shelters are available to this class of patient and the following are the statistical details:—

Shelters provided	15
Patients receiving milk grants	88
Total number of pints of milk issued	32,804
Average number of pints of milk per day issued ...	89·87

The above facilities provided by the County Council are of considerable importance to the welfare and well-being of the patient. A close link between the patient's home, the clinic and hospital treatment is ensured by the fact that the chest physician holds a joint appointment with the County Council and the Regional Hospital Board.

In regard to rehabilitation, the county was responsible for the maintenance of five cases at Preston Hall and one at Papworth.

After-Care.

The British Red Cross Society's after-care organisation is comprehensive and they are ready to give all assistance to those in need.

The following are the statistical details relating to the work of the Society in this connection:—

Home Visiting.

Visits by welfare workers to homes of patients	3,445
New cases included in these visits	200

Articles Supplied.

Special invalid foods	2,001
Bedding	118
Handicraft materials	453
Clothing	298

The County Council will seek to develop through this channel or otherwise arrangements for affording all necessary care and after-care to persons discharged from hospital, or other invalids including the aged and chronic sick, and will adopt whatever ways and means may be found possible to obtain systematically the requisite information about such persons. The arrangements in this respect, however, will be such as will lie outside the scope of the hospital and specialist services and of the provisions of Part III of the National Assistance Act.

In this connection the Council's arrangements include facilities for sending patients to holiday homes. These are homes run on a private basis and are distinct from the convalescent homes administered by the Regional Hospital Board, the difference being that medical and nursing facilities are provided at homes within the latter category.

Applications are received from hospitals, general practitioners and local health authority medical officers for admission to these homes of patients requiring after-care, which does not involve medical or nursing care, and the consent of the Chairman of the Health and Social Services Committee is obtained in each case before arrangements are made for sending a patient to the appropriate home. The cost is recovered in full from the patients unless they cannot afford to pay, in which case the County Council scale is applied.

The number of persons admitted to holiday homes during the year was 33, consisting of 30 female adults and 3 children (1 male and 2 females).

Nursing equipment and comforts are loaned or hired to patients from the loan depots established in various parts of the county by the St. John Ambulance Brigade and the British Red Cross Society.

Domiciliary Care of Old People.

During the year the County Council, with the approval of the Ministry of Health, adopted a scheme for the domiciliary care of old people as part of the after-care arrangements.

The underlying purpose of this measure is to ensure that old people will benefit as much as possible from the health and welfare services provided by the Council, and to encourage them to remain in their own homes as long as possible. Not only will this result in the maximum happiness and contentment for those old people who can continue to live in familiar surroundings and with their friends, but should in time produce a reduction in the demand for accommodation provided under Part III of the National Assistance Act.

In filling a vacancy on the staff, a medical officer was specially selected to devote most of his time to the domiciliary care of old people, which includes the ascertainment of the distribution of the elderly and the problems with which they are faced. It is hoped that one result of this survey will be to enable both the County Council and district authorities to budget with more certainty when giving consideration to the provision of accommodation and houses for elderly persons.

Problems relating to old people are now, with increasing frequency, referred to the Health Department particularly from general practitioners, and the domestic help and other services are being utilised in an endeavour to enable old people to remain in their own homes to the greatest extent possible.

Prevention of Illness.

In my Annual Report for 1949 I outlined the scheme whereby the County Council and the Institute of Social Medicine, Oxford University, co-operate to their mutual advantage on matters of a socio-medical nature. Such an arrangement not only helps to solve local problems, but also contributes to medical knowledge.

During the year, in conjunction with the Institute, surveys on the following subjects were commenced by various officers of the Health Department during their normal duties:—

(*a*) Old age;

(*b*) School leavers;

(*c*) Deficiency disease in expectant and nursing mothers. This was in effect a continuation of similar work done over a number of years previously;

(*d*) The age of the menarche.

Investigations into various outbreaks of infectious diseases were also undertaken as part of the routine work of the Department, including that continued from the previous year into the incidence of cysticercosis.

An outbreak of infective hepatitis occurred with sudden intensity, the focus of infection being in the Lyme Regis area.

Further details of both these investigations are given in a later section of this report.

In order effectively to deal with outbreaks of an epidemic nature a meeting was called of all medical officers in the county, together with medical staff from the laboratories, and a small epidemiological committee formed who would meet as soon as an epidemic occurred in order to decide on the best means of investigating and controlling it.

Health Education.

It was not found possible to initiate any full scale scheme for health education in the county for various reasons, but the distribution of leaflets and posters continued as widely as possible, particularly through welfare centres, and an exhibition stand issued by the Central Council for Health Education was also displayed.

Venereal Diseases.

The follow-up of persons under treatment for, or known, or believed to be suffering from, venereal disease, is carried out by the health visitors, when such cases are referred to the County Health Department by consultants in venereal diseases in charge of treatment centres under the Regional Hospital Board. No cases were, however, referred during the year.

Statistics.

The number of Dorset patients dealt with for the first time during 1950 at treatment centres was 285, classified as follows:—

Treatment Centre.	*Syphilis.*	*Gonorrhoea.*	*Other conditions.*	*Total.*
Bournemouth ...	7	7	28	42
Dorchester ...	8	2	18	28
Poole	21	12	74	107
Salisbury ...	1	1	1	3
Weymouth ...	15	10	63	88
Yeovil	2	2	13	17
TOTALS ...	54	34	197	285

DOMESTIC HELP SERVICE (Section 29)

General administrative arrangements.

The County Council's scheme for a domestic help service originally only covered the Borough of Poole and the Urban District of Portland.

A modification of the original proposals has now been approved by the Minister of Health which provides for the extension of the service to cover the county generally, under the supervision of a county organiser, and making use of voluntary assistance where necessary.

The service has rapidly expanded, and during the year the number of home helps increased from the equivalent of 6 on the 1st April to 26 by the 31st December.

The bulk of the work has been with old people, mothers of young families where the help given is during confinement, or after operations. Help to old persons ranges from regular daily visits to a few hours a week, and with this assistance the old people are enabled to continue to live in the familiar surroundings of their homes and amongst their friends.

The district medical officers assist in the organisation of the scheme in their respective areas, and the efficiency with which the service is now operating owes much to their enthusiasm and efforts in the preliminary stages.

Voluntary area organisers also take part in the day to day administration of the service, and are doing particularly valuable work as they are conversant with local conditions and local needs.

Staff.

In urban areas full-time helps are employed, while in rural areas part-time and spare-time helps are enrolled, the latter being called on as required. This has been found adequate to meet the needs of a scattered population.

Recruitment is by means of advertisements in local newspapers and notices at post-offices and other public buildings; the number of applicants is usually sufficient to fill all vacancies.

Regular helps are provided with overalls after serving for one month.

Transport.

Domestic helps who have bicycles are paid an appropriate allowance, while 'bus fares are refunded in certain cases.

Statistics.

	Beaminster	Blandford	Bridport	Dorchester	Lyme Regis	Poole	Shaftesbury	Sherborne	South Dorset	Sturminster Newton	Swanage	Wareham	Wimborne	Totals
Cases:														
Old	—	—	—	—	—	25	—	—	16	—	—	—	—	41
New	1	3	14	18	—	100	19	1	62	2	3	5	5	233
Totals ..	1	3	14	18	—	125	19	1	78	2	3	5	5	274
Types of Cases:														
Maternity	1	—	2	3	—	33	3	—	16	—	—	2	—	60
Old Age	—	1	5	7	—	20	6	1	36	1	—	3	4	84
Long-term illness ..	—	2	4	—	—	22	2	—	6	1	1	—	—	38
Short-term illness ..	—	—	1	8	—	46	7	—	19	—	2	—	1	84
Tuberculosis ..	—	—	2	—	—	4	1	—	1	—	—	—	—	8
Mental Deficiency ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	1	3	14	18	—	125	19	1	78	2	3	5	5	274
Helps:														
Full-time	—	—	—	1	—	2	1	—	2	—	—	1	—	7
Part-time	—	1	2	—	—	—	—	—	8	—	—	1	1	13
Spare-time	1	1	2	5	—	27	6	1	1	2	2	1	3	52
Totals ..	1	2	4	6	—	29	7	1	11	2	2	3	4	72

MENTAL HEALTH (Section 51)

ADMINISTRATION

Committee.

The delegation of the functions under the National Assistance Act and Mental Deficiency Acts to the Social Services Sub-Committee has been a successful arrangement, and the integration of the mental health work by welfare officers, authorised officers and health visitors has been made possible in this way.

Staff.

Miss A. Filliter, psychiatric social worker for child guidance, resumed duty on the 26th September, 1950, having returned from one year's study at the London School of Economics where she obtained the Certificate in Mental Health for psychiatric social work. The post of educational psychologist was satisfactorily filled by the appointment of Mr. R. J. M. Taylor, M.A., B.Ed., on the 1st August, 1950, but it was unfortunate that the South-West Metropolitan Regional Hospital Board was not able to appoint a consultant psychiatrist during the year.

The Chief Mental Deficiency Officer, with two welfare officers and the health visitors continue to carry out the duties in connection with mental deficiency. Also taking part in this work are the supervisor and her staff at the Occupation centre in Poole, and one whole-time occupational therapist is employed on home tuition where there are no other facilities for occupational training. During the year an additional authorised officer was appointed, bringing the total number up to five; these officers also act as district welfare officers.

Co-ordination with the Regional Hospital Board.

As mentioned above, the Regional Hospital Board are making arrangements to appoint a consultant psychiatrist who will be available to supervise and administer the child guidance clinics in the county.

Mental defectives on licence from institutions are supervised by the County Council welfare officers who also follow-up patients discharged from institutions. Patients on trial or on licence from Herrison Hospital are visited by their own hospital psychiatric social worker, and the County Council has not been called upon to do this work for the Board.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

National Health Service Act—Section 28.

The arrangements for the care and after-care of mental illness or defectiveness has not as yet been fully co-ordinated and developed, mainly owing to the delay in filling the post of consultant psychiatrist. At a future date, however, it is intended to bring the consultant psychiatrist, assistant county medical officers, health visitors, welfare workers and authorised officers within the framework of a new scheme. In the meantime, the early ascertainment of persons suffering from mental illness and mental deficiency, and the ascertainment and treatment of maladjusted children, is continuing satisfactorily.

The new scheme is intended to deal in addition with outstanding problems, such as the proper ascertainment and supervision of people who are not mentally deficient but are of subnormal intelligence; the supervision of psychoneurotics, borderline psychotics and inadequate personalities of normal intelligence; and problem families. All these types require help and guidance through the mental health service, often in close co-operation with other bodies, such as the Ministry of Labour who have at present no satisfactory method of placing these persons in employment commensurate with their mental capacity. Problem families require help from various departments and authorities, but the mental health section should give help and guidance whenever it is required, lead the field in investigating how these families can be prevented in the first place, and also how the existing ones can be rehabilitated.

The problem of exact ascertainment of the percentage of mentally subnormal and defective persons in the population also requires close study. There appears to be an increase in the number of children who are educationally subnormal and mentally defective, but whether this is a true increase or due to more attention being paid to ascertainment is difficult to say. One thing is certain, the number of mental defectives who survive childhood, especially the lower grades in institutions, has rapidly increased since the introduction of the sulpha drugs and penicillin, with the result that institutions have fewer death vacancies and must expand or be increased in numbers if the continuing demand for residential placement is to be met. This increased survival rate, together with overcrowded institutions, might also give rise to a false impression that there is a greater increase in mental deficiency in this country than is the case.

The whole problem is accentuated by other factors such as the increasing world population, world food shortages, and lack of raw materials and housing. There is an optimum level at which world population should be stabilised if famines, war and other catastrophies are to be avoided, and any measures taken to limit populations should aim at maintaining a high standard of mental and physical health in the population. A vast amount of information has accumulated since the findings of the Brock Committee were published in 1934, and their recommendations might well be implemented now. There is also a need to review our knowledge of the aetiology and incidence of mental subnormality and defect.

Lunacy and Mental Treatment Acts.

The following are the statistical details of the work carried out during 1950:—

	Men.	*Women.*	*Children.*
Number of persons for whom arrangements to enter a mental hospital were made by the duly authorised officers ...	91	131	—
Classified as:—			
Voluntary patients	12	15	—
Temporary patients	1	3	—
Certified patients	78	113	—

The closest co-operation continued to be maintained between the authorised officers, the Medical Superintendent of the Mental Hospital and the police, and all removals have been carried out without undue difficulty.

Mental Deficiency.

Ascertainment is carried out by the assistant county medical officers, and cases are referred to the Social Services Sub-Committee for a decision as to the action to be taken. All new cases are visited by the welfare officers for mental deficiency, who report upon their history from an early age and upon the home circumstances. Sixty-eight new cases were ascertained during the year, of whom three were not classified as mentally defective.

Although forty-five defectives were admitted into institutions during the year there has been little reduction in the number awaiting institutional care, the number on the waiting list at the 31st December, 1950, being 67 compared with 75 at the 31st December, 1949. There is still an urgent need for increased accommodation.

In addition to carrying out the statutory requirements for the medical supervision of patients under guardianship, the assistant county medical officers visit and report periodically upon mental defectives on licence from institutions.

Supervision is carried out by two welfare officers, who also supervise and report upon the patients on licence from institutions on behalf of hospital management committees. They also assist in obtaining situations for defectives and finding suitable guardians. Dorset patients on licence or under guardianship in other counties have been supervised by the local authorities concerned on a reciprocal basis, and also by the Brighton Guardianship Society. The National Association for Mental Health discontinued on the 30th June, 1950, the supervision of patients under guardianship or on licence from institutions, which they had undertaken on behalf of local authorities for many years.

Home Teaching Scheme.

This scheme, which covers approximately half of the county, has continued to provide instruction in various kinds of handicrafts and is much appreciated by parents and the patients themselves. It is hoped to extend the facilities to the western half of the county during 1951.

Occupation Centres.

The number on the register of the Poole occupation centre at the 31st December, 1950, was 48, including 6 patients from other counties. The number of staff employed at the centre was increased by one, and an assistant attended a refresher course for staffs of occupation centres arranged by the National Association for Mental Health. Patients are conveyed from their homes to the centre daily by the ambulance service and escorts travel with them. Each new entrant is seen by a medical officer on admission and regular medical inspections of the patients at the centre are carried out.

The staff and instructors are to be congratulated on their keenness in the way they continue to train the defectives and maintain their morale at a high standard. By assuming responsibility during the day a considerable amount of relief is afforded in the patient's home and a bright and cheerful individual, clean and well-fed, is returned in the late afternoon satisfied with his day's work and feeling like a normal member of the family.

Six Dorset mental defectives attended occupation centres in other counties.

Statistics.

The following table relating to mental defectives gives details of the ascertainment, supervision and placing of new cases during the year:—

	Males.	*Females.*	*Total.*
Graded as:—			
Feeble-minded	18	24	42
Imbeciles	10	6	16
Idiots	2	4	6
Moral defectives	1	—	1
Found not to be defective	2	1	3
	33	35	68
Placed:—			
In institutions	9	4	13
Under guardianship	1	—	1
At Poole occupation centre	2	—	2
Under home teaching	—	1	1
Under statutory supervision	18	23	41
Number of periodical medical supervision visits by medical officers to defectives under guardianship or on licence	87	120	207

Summary of mental defectives at the end of the year, compared with the position as at 31st December, 1949:—

	1950			1949		
	Males.	*Females.*	*Total.*	*Males.*	*Females.*	*Total.*
Under guardianship	50	73	123	52	77	129
Under statutory supervision	96	103	199	107	95	202
Dorset defectives on register of Poole occupation centre	18	24	42	17	24	41
Out-county defectives on register of Poole occupation centre	4	2	6	4	2	6
Dorset defectives attending occupation centres in other counties	2	4	6	—	3	3
Receiving home teaching	12	19	31	11	19	30
In institutions (including cases on licence) ...	238	225	463	219	229	448

TRANSPORT

The county ambulance service is available for the transport of patients suffering from mental illness or mental defectiveness.

Owing to the difficulty experienced in providing escorts by the hospital car service, when transporting mental defectives to and from the occupation centre daily, arrangements have been made for the Poole and Wimborne ambulance depots to undertake this work.

SOCIAL SERVICES

The decision of the County Council three years ago to incorporate their duties under the National Assistance Act within the framework of the county health service, has resulted in a very satisfactory and efficient organisation.

From this co-ordination developed the Council's scheme for the domiciliary care of old people, initiated during the year with the approval of the Minister of Health. This scheme was implemented under the after-care arrangements of Section 28 of the National Health Service Act and is dealt with more fully in the appropriate section of this report.

REPORT BY CHIEF EXECUTIVE OFFICER FOR SOCIAL SERVICES.

PROVISION OF ACCOMMODATION (Sections 21-28)

During the year two new homes were opened—Belmont Court, Parkstone, at which accommodation is provided for 22 persons, of whom 21 are blind or only partially sighted and one is sighted, and Castleman House, Blandford, at which 36 men and women are accommodated. Plans were approved for the provision of extensions to the existing homes at Dorchester and Weymouth, to bring the available accommodation up to 36 beds in each case. Plans were also approved for the provision of a new home, with accommodation for 36 persons, on an existing site at Swanage. Negotiations were instituted with a view to the acquisition of a property to form the nucleus of a new home in North Dorset.

Schemes of adaptation and improvement to the retained former public assistance institutions at Beaminster, Sturminster Newton and Wareham were prepared and approved, and tenders were invited for the necessary works. The provision of homely, comfortable furnishings at these three homes was completed in accordance with the Council's approved standards.

Statistics.

The need for residential accommodation during the year has shown no marked change from the position in 1949; at the 31st December, 1949, the total number of persons provided for was 449 and at the 31st December, 1950, the number was 448.

The distribution was as follows:—

Year.	*Former Mixed Workhouses.*						*Accommodation provided on behalf of the Council.*						*Other Premises Managed by the Council.*		
	Managed by the Council.			*Vested in the Minister as Hospitals.*			*By other Local Authorities.*			*By Voluntary Organisations.*					
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
1950	104	111	215	71	31	102	1	5	6	12	30	42	25	58	83
1949	120	112	232	76	46	122	2	7	9	14	33	47	14	25	39

M—*Men.* W—*Women.* T—*Total.*

Admissions and Discharges.

During the year 236 persons were received as residents direct from their own homes and 86 came from hospitals administered by the Regional Hospital Board. 158 persons left Part III accommodation to return home, 137 were transferred to hospitals, 5 were admitted to the mental hospital and 23 died.

The majority of persons accommodated in residential accommodation during the year came under the heading 'aged'. Of the 448 residents, 285 were grouped under this head. The remainder were—'physically or mentally infirm' 77; 'blind or partially sighted' 45; 'deaf and dumb' 11; 'epileptics' 13; 'crippled' 17. There were 213 men and 235 women.

The opening of new accommodation during the year slightly eased the overcrowding in the existing larger establishments but this was not sufficient to allow of much classification.

Cases needing more than ordinary care and attention, by reason of pronounced infirmity or incurable disability, continued to require admission to residential accommodation.

Joint User Arrangements.

Under an arrangement between the West Dorset Group Hospital Management Committee and the County Council, Part III residents were withdrawn from the joint-user establishment at Dorchester and the County Council acquired the use of a number of additional beds at Port Bredy Hospital, Bridport. The use of Alcester House, Shaftesbury, a former public assistance institution, for the purposes of a 'joint-user' home was discontinued at the beginning of the year.

At the end of the year, therefore, four establishments remained under joint-user between the County Council and the Regional Hospital Board, namely those at Bridport, Poole, Wareham and Wimborne. Good relations continued to exist between the two authorities.

Voluntary Organisations.

The arrangement continued between the County Council and the Bournemouth Old People's Welfare and Housing Society Ltd., in regard to the accommodation of aged people in homes belonging to the Society.

Accommodation of Epileptics.

The County Council received and adopted the recommendations of the conference convened to consider the proposal to provide a home in the South-West for the reception of epileptics requiring such accommodation, but no further progress was made during the year.

Occupational Therapy.

An Occupational Therapist was appointed early in the year to work in the several homes under the control of the County Council and an assessment of the results at the end of the year showed that a keen interest had been aroused and considerable progress made.

Temporary Accommodation.

The number of persons in temporary accommodation has varied from time to time, those accommodated on the 31st December, 1950, being 25, of which number 17 were children.

WELFARE SERVICES (Sections 29-31)

Blind Welfare.

The welfare of the blind continued to receive close attention during the year. The availability of accommodation at Belmont Court, Parkstone, for blind persons in need of care and attention has relieved the position in a number of cases.

Welfare of the Deaf and Dumb.

The Council continued to be represented on the Committee of the Wilts and Dorset Association for the Deaf (formerly the Salisbury Diocesan Association for the Deaf and Dumb) and to subscribe to the funds of the Association.

Re-settlement.

Consultations continued to be held from time to time with the re-settlement officers of the Ministry of Labour and National Service in relation to disabled persons.

REGISTRATION OF DISABLED PERSONS AND OLD PERSONS HOMES (Section 37)

An inspection was carried out of the five homes in respect of which application had been received for registration under Section 37 of the National Assistance Act, 1948, and registration was granted in each case.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION (Section 47)

No cases were dealt with under Section 47 of the National Assistance Act, 1948.

TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITALS, ETC. (Section 48)

In a number of cases steps have been taken to give protection to property of persons admitted to hospitals or to residential accommodation.

PUBLIC HEALTH LABORATORY SERVICE

The Medical Research Council provides a service which is closely linked with the prevention of illness and ascertainment of infectious and contagious disease. This service is confined to the bacteriological investigation of material submitted by health departments, general practitioners and hospitals, and there is the closest co-operation between it and medical officers of health, particularly in connection with epidemiological problems which arise.

Normally a bacteriologist, appointed by the Medical Research Council specifically for this purpose, is in charge of each laboratory, but owing to the lack of suitable accommodation in Dorchester this appointment was deferred until suitable premises were available. The extension for bacteriological work to the Regional Hospital Board laboratory was completed in October, and the appointment of a bacteriologist will be made during 1951.

A subsidiary laboratory, staffed and administered by the Medical Research Council with a whole-time bacteriologist in charge, continues to function in Poole.

Statistics.

Dorchester—Regional Hospital Board Laboratory.

Analysis of Public Health Laboratory Service work for the year 1950.
Figures shown are E.M.S. Units for Tests done.

Tests on behalf of Practitioners and Institutions.	*Milk Samples submitted by Local Authorities.*	*Water Samples submitted by Local Authorities.*	*Ice Cream Samples submitted by Local Authorities.*	*Milk Bacteriological and Biochemical for Official Samplers.*	*Milk Biological submitted by Official Samplers.*	*Total.*
10,649	1,785	18,633	2,278	24,779	4,720	62,844

Poole—Medical Research Council Laboratory.

Analysis of Public Health Laboratory Service work for the year 1950.
Actual Specimens.

Nose and Throat.	*Sputum.*	*Faeces and Urine.*	*Water.*	*Milk.*	*Ice Cream.*	*Venereal Diseases.*	*Miscellaneous.*	*Total.*
2,381	134	957	559	448	182	33	1,243	5,937

REGISTRATION OF NURSING HOMES

Periodic inspections of the registered homes in the county are carried out and, before any application for a certificate of registration of a home is granted, full enquiry is made as to the suitability and qualifications of the applicant and layout of premises.

The standards and equipment approved by the Council during the previous year, and given in detail in my last report, have given rise to no difficulties. General improvements in nursing home accommodation are taking place as the result of the introduction of these standards.

Statistics.

The following table shows the number of nursing homes, and the number of beds provided:—

Registration.	*Number of Homes.*	*Number of beds provided for:—*		
		Maternity.	*Others.*	*Totals.*
Homes first registered during the year	2	—	30	30
Homes on the register at the end of the year	23	20	131	151

Action taken during 1950.

Number of exemptions granted under Section 192 (1) including renewals ... Nil
Number of inspections 13

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

No premises or child minders were registered during 1950.

DAILY MINDERS PROVIDED BY THE AUTHORITY

During the year under review, no daily minders were provided by the Authority.

CIVIL DEFENCE

During 1950 much time and thought was given to the additional duties to be undertaken by the Health Department in the event of war, and to the organisation and training of that section of the civil defence corps controlled by this department during peace. The responsibilities vary somewhat from those obtaining in the last war; for example, the provision of first aid posts is to be effected by the hospital management committees and the Health Department is now responsible for the collection and evacuation of casualties to 'cushion hospitals'.

Details are given below of the Sections of the civil defence service for which the Health Department is responsible:—

Ambulance Service.

The preparations involved lie in training members of the ambulance section of the civil defence corps and the organisation of the county ambulance service for war-time operation.

In the event of war the county ambulance service will act as the nucleus of the ambulance section of civil defence and the staff will be augmented, mainly by civil defence volunteers. The number of vehicles and ambulance depots will also have to be increased. In the smaller centres, where no depot has been established but where volunteers have enrolled for the ambulance section, reserve parties of three will be formed, each providing a reserve team for one ambulance and one sitting case car based at the nearest depot. The hospital car service will be essential in war and some expansion will be necessary.

By the end of the year 124 members of the civil defence corps had joined the ambulance section. Training for all those living in East Dorset was arranged at the Poole ambulance depot, where it is generally possible for them to accompany ambulances doing routine or emergency 'call-outs' and training on similar lines will be arranged at other depots in the county during 1951. Instruction in ambulance driving was also given to volunteers holding driving licences.

The majority of the full-time personnel of the county ambulance service passed the civil defence basic training part I, and the remainder will complete this course early in 1951.

First Aid Training.

Lectures and demonstration in complete first aid for the rescue and ambulance sections of the civil defence corps, and in basic first aid for all other sections, have been organised during the year. British Red Cross Society and St. John Ambulance Brigade instructors have taken the classes in basic first aid and have given practical demonstrations in the full courses. I would like to place on record my appreciation of the very valuable work done by both these voluntary organisations in the training of volunteers.

Welfare Service.

Under this heading is included the organisation, siting and staffing of rest centres throughout the county, to cater for official evacuees and the temporary homeless.

The provision of transit camps for refugees was also considered, but further planning awaits Ministry of Health direction.

The Safeguarding of Public Utility Services.

A full report on this subject was submitted to the County Council and copies of that report have been circulated to county district councils with a request for their co-operation.

ENVIRONMENTAL HYGIENE

WATER SUPPLY AND SEWERAGE

General Commentary.

The year 1950 marked steady progress in the provision of main water supply and sewerage services in the rural districts of the county. A number of schemes which had been the subject of exhaustive correspondence, discussion and report since the end of the war were brought to the inquiry stage and work on some was commenced. An indication of the preparation being made for the future may be obtained by perusal of the details given under the heading 'Rural Water Supplies and Sewerage Act, 1944,' below.

In my reports for the years 1948 and 1949 comment was made on the time lag which occurred between the date on which schemes were approved and that when constructional work began. Although one would like to see this interval still further reduced, a noticeable improvement took place during the year, and, as far as capital expenditure on work of this kind is possible, it is to be hoped that this healthy sign will prosper.

On the question of the consideration of new schemes, the Government Report on Man-power should help in speeding up negotiations between county district councils and the Ministry of Local Government and Planning who are now responsible for this branch of the public health service.

The new arrangement whereby schemes submitted to the County Council are examined by the County Sanitary Officer has proved highly successful in materially reducing the period formerly taken in notifying rural district councils of the County Council's observations. Furthermore, it facilitates discussion on the site between the technical officers concerned.

Perhaps the most significant factor of the new procedure is that a substantial saving in the fees of the County Consultants was effected during the year.

The success of the scheme could not have been achieved without the full co-operation of the Consulting Engineers and staff of the rural district councils, and the County Sanitary Officer wishes me to acknowledge the help and consideration which he has received from all concerned.

At the same time it is desired to place on record appreciation of the assistance and advice which have at all times been readily given by the administrative and technical officers of the Ministries of Health and Local Government and Planning with whom the County Sanitary Officer is often in contact.

As might be expected in a year in which the rainfall for the county amounted to 39·23 inches compared with a figure of 30·3 inches for 1949 and an average rainfall of 36·0 inches, complaints of water shortage, even in rural localities, were few in comparison with the serious predicament to which reference was made in my last report. Although the partial relief from worry in regard to quantity was welcomed—despite the incon-

venient manner in which it was achieved—there continued to be the usual anxiety over the bacterial quality of many of the surface supplies to which resort still has to be made. There must be no question of complacency in this matter and it is the County Council's policy to give rural district councils every possible encouragement in the preparation and construction of main water supply schemes. Work on some major schemes—including those based on Forston and Alton Pancras—has been commenced as well as on a number of smaller schemes and extensions in the Blandford, Wareham and Wimborne Rural Districts and others. The low level part of the Winterborne Valley scheme has been completed and is supplying water of excellent quality to a large part of the Blandford Rural District.

During the year, an intensive survey of the existing water undertakings in Dorset and of the sources likely to provide the bulk of the future supplies was undertaken by Mr. A. R. Vail, M.I.C.E., an Engineering Inspector of the Ministry of Health. It is understood that his report has been prepared and publication of the summary of this document is awaited with much interest.

Progress in connection with sewerage and sewage disposal has been mainly concerned with the preparation of new schemes, but in the Sturminster and Wimborne Rural Districts constructional work also has been undertaken.

It is again necessary to emphasise the need for ensuring that measures for the removal of waste water are adequate to prevent any danger to public health until it is possible to provide modern sewerage and sewage disposal services. It might often be contrary to the interests of public health to provide an abundance of piped water if existing drainage systems were likely to be incapable of dealing with the extra load.

Before leaving the question of sewage disposal, it is necessary to record the fact that this is a problem which is by no means common to the rural districts alone. There is no secret in the fact that, for some time, the Boroughs of Blandford, Bridport (West Bay), Dorchester, Poole, Shaftesbury and Weymouth (Preston), as well as the Urban District of Wimborne have been facing sewerage and sewage disposal difficulties—in some cases of a serious nature.

Progress is now being made by each of these authorities to further their plans for main drainage improvements, and it is to be hoped that it will be possible for an early start to be made, at least in the more urgent cases.

Reference to the public health nuisance which is believed to exist in Poole Bay is made later in this report (*vide* 'Sea Water Bathing', page 48) in which connection attention is drawn to a comment on this subject by Dr. G. Chesney, Medical Officer of Health of the Borough of Poole, which appears in his Annual Report for the year 1949.

The Rural Water Supplies and Sewerage Act, 1944.

The undermentioned water supply and sewerage schemes have been considered by the County Council under Section 2 of the above Act during the year:—

Water Supplies.

Local Authority.	*Scheme proposed.*	*Estimated cost (where known).*
		£
Beaminster Rural	Corscombe and Halstock	31,578
	Hooke Springs	—
	Netherbury	9,613
	Thorncombe	1,530
	Toller Whelme, Borehole	—
Blandford Borough ...	Additional mains	—
	New Borehole, Black Lane	—
Blandford Rural ...	Bryanston and Durweston—Emergency borehole	—
	Stour Valley Parishes	—
	Tarrant Valley Parishes	—
	Winterborne Valley—Low level—Stage 1	43,000

Local Authority.	*Scheme proposed.*	*Estimated cost (where known).* £
Bridport Rural ...	Chideock—Proposed purchase of Chideock Waterworks	—
	Puncknowle and Swyre	—
	Shipton Gorge	—
Dorchester Rural ...	Buckland Newton and Alton Pancras ...	—
	Stinsford	—
Shaftesbury Borough ...	Melbury Abbas Source	—
Shaftesbury Rural ...	Southern Parishes	159,852
Sherborne Rural ...	Northern Parishes	110,000
Sturminster Rural ...	Comprehensive Scheme	177,000
Wareham Rural ...	Bloxworth and Morden	—
	Church Knowle	7,250
	Lytchett Matravers, Lytchett Minster and Wareham St. Martin	—
	Poole Water Order	—
	Regional Scheme	—
	Stoborough—Grange Road Extension ...	1,800
	Studland	—
Wimborne Rural ...	Alderholt and Edmondsham	34,370
	Corfe Mullen—Mains Extension	5,276

Sewerage and Sewage Disposal.

Local Authority.	*Scheme proposed.*	*Estimated cost (where known).* £
Beaminster Rural ...	Beaminster and Netherbury	85,000
Blandford Rural ...	Milborne St. Andrew and Milton Abbas ...	28,800
	Iwerne Minster (Shroton)	—
	Pimperne	—
Bridport Rural ...	Bothenhampton—Mount Joy Sewer Extension	—
Dorchester Rural ...	Cattistock	9,500
	Cerne Abbas	24,000
	Chickerell	45,000
Sherborne Rural ...	Bishops Caundle	10,650
Sturminster Rural ...	Childe Okeford, Okeford Fitzpaine and Shillingstone—Stages 2 and 3 ...	50,433
	Glanvilles Wootton	9,820
	Hazelbury Bryan	4,075
	Kings Stag	—
	Manston	1,968
	Mappowder	5,300
	Stalbridge	17,937
Wareham Rural ...	Upton	—
Weymouth Borough ...	Preston and Sutton Poyntz	78,500
Wimborne Urban and Rural	Joint Scheme	1,078,750
Wimborne Rural ...	Corfe Mullen	50,930
	Cranborne	33,200

Each scheme to which reference is made above was reported upon to the Public Health Sub-Committee of the Health and Social Services Committee by the County Sanitary Officer and/or the County Consultants.

RIVERS POLLUTION PREVENTION

On 1st April, 1950, the duties in regard to the prevention of river pollution, previously carried out by the County Council were, as regards the greater part of Dorset, formally transferred to the newly established Avon and Dorset River Board. A similar transfer relating to the northern extremities of the Beaminster and Sherborne Rural Districts and the Sherborne Urban District, was made to the Somerset River Board.

As the result of the intensive work put in by the County Health Department, particularly since 1947, all the more serious cases of river pollution in Dorset had, by the transfer date, been investigated. In a number of cases work had already commenced, either to remove the cause of pollution or effect considerable improvement.

At the request of the Avon and Dorset River Board, the County Council, through the County Sanitary Officer, continued to discharge the routine duties in regard to all aspects of rivers pollution prevention, on an agency basis, until 31st December, 1950.

The principal work carried out during the year related to pollution of the Rivers Allen, Brit, Frome and Stour in which respect the following resumè may be of interest:—

River Allen.

Samples of river water taken from the Allen during the year were found, on occasions, to be heavily polluted both chemically and bacteriologically although, fortunately, no disease-carrying organisms were isolated.

The Wimborne Urban District Council have, for some years, been fully aware of the serious main drainage deficiencies obtaining in the town and it is a matter for some satisfaction that towards the end of the year plans for the sewerage of Wimborne were submitted to the County Council. These will form part of a joint sewerage scheme to serve certain parishes of the Wimborne Rural District as well as the whole of the Wimborne Urban District. Treatment of the sewage will, it is proposed, take place in the Bournemouth Corporation's plant at Kinson.

It is anticipated that the Rural District Council's part of the scheme will be ready for consideration towards the middle of 1951 and with the receipt of this, an important step forward will have been taken towards the solution of a long-standing river pollution problem. The cost of the joint scheme will be in the neighbourhood of £1,078,750 and will warrant the most serious consideration by the Ministry of Local Government and Planning, the County Council and the various authorities concerned.

River Brit.

The principal source of pollution continues to be at Beaminster, and, in October, the County Sanitary Officer and I attended a meeting of the Beaminster Rural District Council in order to stress the urgency for a sewerage scheme. It was pointed out that not only was this necessary to overcome chemical pollution of the river, but also to remove the potential risk to public health caused by the discharge into the Brit of crude sewage. The rural district council decided to ask their engineers to proceed with survey work preparatory to the submission of a detailed scheme for the sewerage of Beaminster and the nearby village of Netherbury.

River Frome.

Steps have been taken to minimise the effects of pollution in the vicinity of Dorchester and a scheme has been prepared which, when implemented, should provide a permanent cure. In the meantime, it is undesirable that the River Frome should be used for bathing purposes for a distance of at least two miles below the town.

River Stour.

The discharge of trade waste and domestic sewage into the river at Gillingham has been the primary cause for the close attention given to the Stour. As far as the trade effluent was concerned, negotiations were begun with the factory managements involved and it is understood that the Avon and Dorset River Board have subsequently pursued matters. The Shaftesbury Rural District Council have also taken part in the negotiations.

The question of the pollution by sewage was taken up with the local sanitary authority by the River Board direct.

Complaints of river pollution relating to the Char, Crane and Piddle were also investigated.

The County Council and the county district councils continue to be very much interested in the subject of river pollution from the public health aspect, particularly in connection with the pollution of rivers and streams from which water is extracted for human consumption. In view of this, an arrangement has been approved whereby close liaison will be maintained on all branches of river work which concern the River Board and the County Council.

SANITARY ACCOMMODATION

In parishes where sewerage schemes have been completed during the year, it has been possible to make considerable progress in conversions from conservancy methods of sewage disposal to the water-carriage system. This work has been facilitated and a general saving in expenditure achieved by the policy of some county district councils, notably the Sturminster Rural District Council, of laying laterals at the time the sewers are constructed. This, it is felt, is the most efficient way of dealing with a difficult matter and a means of ensuring uniformity in the construction of the whole system.

PUBLIC CLEANSING

Public cleansing problems have confronted a number of county district councils during the year and it is a moot point whether the renewal of salvage activities has lessened or increased the difficulties. It is clear that in the light of the national situation, the necessity for the salvage of certain classes of waste material, notably paper, rags and metals, has again become one of urgency. It has also been established that a well organised salvage campaign can develop into a very useful source of income. By no means all local authorities in Dorset, however, have the necessary staff and equipment to run a salvage scheme and in any event, the initial organisation of a campaign alone creates a considerable amount of work.

With the continued shortage of suitable sites for refuse disposal, it is hoped that the incentives offered in respect of efficient salvage campaigns will lead to an intensification of effort in this direction if only by reason of the desirability of reducing the quantity of refuse for tipping or destruction.

Recognising the complexity of the problem of refuse disposal, the Borough of Weymouth have approached neighbouring councils with a proposal to establish a joint refuse destructor station. The final outcome of the negotiations is not yet known, but from the public health and salvage aspects, there would appear to be much to commend it.

SHOPS ACT, 1950

The attention given to shop inspections by the public health departments of the various county district councils has further increased during the year.

In some of the rural districts and the smaller boroughs, although the general condition of shops has improved, a great deal more could usefully be done in this direction if suitably qualified staff were available. Reference to this was made in my report for the year 1949 and it is regrettable that it has not yet been possible for any solution to the problem to be found.

The difficulty of maintaining regular inspections is particularly pronounced in districts where the sanitary inspector is also the surveyor and where adequate assistance is not provided. The tendency is, in such circumstances, for the duties of surveyor to take precedence and if the policy of dual appointments is to continue, the only solution is clearly the engagement of additional staff for public health work either by individual Councils or jointly.

SWIMMING BATHS AND SEA WATER BATHING

Except along its superb sea coast, Dorset is not well equipped to meet the increasing demand for public bathing facilities. What is more, one of the few baths which are available has had, owing to water shortages, to be temporarily closed, and the swimming pool at Blandford could not be used last summer in view of a recommendation of the Council's Medical Officer of Health.

As has been stated in previous reports, the maximum benefit to be derived from bathing and swimming can be obtained only if the water used for this form of recreation is bacteriologically safe. The spread of certain infectious diseases, including one of a most serious nature, has lately been associated with the use of water for swimming and bathing which was not, at the time, of the required degree of bacterial purity. Whether the facts have justified the accusations, it is impossible to say, but it is perfectly clear that in years gone by, far too little attention has been paid to this vital matter.

Quite rightly, a higher percentage of the population than ever before, particularly in the case of school children, are being encouraged or are themselves anxious to learn to swim and the trend in this direction increases the need for wariness in the matter of safeguarding public health. This has been recognised by the Ministry of Health, who recently published a most informative booklet entitled 'The Purification of Swimming Baths'. The publication in question is concerned only with swimming baths which have been built and equipped for the purpose, whether filled from public water supplies or sea water, and no reference is made to uncontrolled bathing places on the foreshore or in rivers, ponds and water courses.

Apart from outlining modern methods of purification of bathing water, the booklet deals in some detail with the question of pollution in swimming baths and rivers; it refers also to the possible transmission of infection by swimming bath water. The diseases and conditions dealt with include gastro-intestinal infections, skin infections, conjunctivitis, nasopharyngeal and respiratory infections, otitis media and poliomyelitis.

The opinions formed on the possibility of the transmission of infection by the water of swimming baths are summarised in the report as follows:—

> 'The conclusions to be drawn from the available evidence are that polluted water can be a source of infection, but infectious disease caused by this means is of relatively rare occurrence. Generally, in properly controlled swimming baths risk of the water becoming sufficiently polluted to cause harm is extremely remote; adequate ventilation should minimise the risk of air-borne infection, and overcrowding of the baths should not be allowed to occur.'

There is a tendency, when referring to the possibility of infection being transmitted in the act of swimming or bathing, to think only of swimming baths, whereas it has been established that the safety factor, from the hygiene point of view, of properly controlled public baths, is often extremely high. Many people, for example, feel that they can only safely indulge in the exercise of swimming or bathing in the sea, but public health officials know that such an impression bears no relation to the facts. Although, generally speaking, the risks of becoming infected with some form of disease by bathing in the sea are extremely small, the practice of discharging sewage into tidal waters without adequate treatment is one which has become far too popular at a number of seaside resorts. To emphasise this matter, it is necessary only to refer to the annual report of the Medical Officer of Health of the Borough of Poole for the year 1949 in which Dr. Chesney states:—

> 'Poole Bay is a favourite resort for sea bathing. The sands extend for ten miles from Gengistbury Head in the east to Old Harry Rocks in the west, and provide the bathing beaches for the County Borough of Bournemouth and the Boroughs of Poole and Christchurch.
>
> Nature has endowed this bay with every desirable amenity for sea bathing—abundant sands, a warm equable climate with shelter from the north-east winds, shallow water for the non-swimmer and, with the exception of a few clearly indicated danger points, long stretches of water free from dangerous currents.
>
> Into this natural acquatic playground no less than nine outfall sewers discharge the sewage of a population of a quarter of a million people, untreated except for disintegration and a modicum of chlorination. If these unwholesome discharges were eliminated or diverted for scientific treatment, Poole Bay would be not only the finest stretch of bathing beach in England, but aesthetically the most acceptable and hygienically the most salubrious.
>
> Considerable attention is paid by the Ministry of Health and the Local Authorities to the protection of bathers using swimming pools and local baths and a standard of bacterial purity of these has been recommended, but as regards bacterial purity of the sea-water on the bathing beaches around our shores, little or no attention has been paid.
>
> About fifteen years ago a bacteriological survey of the sea water on the beaches was carried out. The results obtained did not indicate a high level of purity. Similar results have been obtained more recently. Quite apart from bacteriological examination, the evidence of the naked eye is at times sufficient to convince the most sceptical.
>
> A joint scheme by Bournemouth, Poole and Christchurch for the diversion of sewage from Poole Bay and its scientific treatment was put forward before the war but has been in abeyance since, owing to the local authorities' hesitation to shoulder the considerable cost involved. The Poole Borough Council is anxious to take action to stop the discharge of its sewers into the Bay, but obviously any unilateral action by Poole would be useless in the absence of parallel action by the other two boroughs.'

The Borough of Poole is by no means alone in its anxiety to minimise the risk of the pollution of sea and foreshore by sewage discharged either from sewer outfalls or ships.

VERMINOUS PREMISES; THE CONTROL OF VERMIN AND INSECT PESTS

Due primarily to the advances which have, of recent years, been made in the practice of hygiene, it is again possible to report a decline in the number of reported cases of verminous persons or premises.

Vermin Control.

Much attention has been paid during the year to the destruction of rats and mice, particularly by the Rodent Control Branch of the Dorset Agricultural Executive Committee and the North Dorset Joint Rodent Committee.

New legislation dealing with this subject came into force during the year in the form of the Prevention of Damage by Pests Act, 1949, which re-enacts with modifications the Rats and Mice (Destruction) Act, 1919, and makes permanent provision for preventing loss of food by rodent infestation. It is to be hoped that this new measure will be of assistance to the authorities responsible for its implementation.

FACTORIES ACTS

The number of factories, within the meaning of the Act, in the county as a whole is not great and, therefore, the need for any considerable volume of work under this heading does not arise. As is to be expected, the small number of factories which do exist are situated mainly in the Boroughs of Poole, Weymouth, Dorchester and Bridport.

Apart from the general difficulty in the matter of getting work involving the use of building materials and/or labour carried out, no trouble has been revealed in dealing with nuisances found in factories.

Satisfactory co-operation appears to exist between H.M. inspectors of factories and the local authority officers concerned.

SCHOOL HYGIENE

Towards the end of the year a comprehensive sanitary survey of all the schools in the county was commenced with the co-operation of the County Education Officer.

Apart from such matters as sanitary accommodation and washing facilities, close attention is given to such factors as the ventilation and lighting of classrooms and any other conditions which might have a bearing upon the health of the school child. Improvements have already been effected in the case of certain schools which have been the subject of report to the authorities concerned.

When this survey is completed valuable information will be afforded concerning all maintained schools and it is hoped that when economic conditions permit, it will be possible for the Education Authority to carry out many much needed alterations, particularly in the case of rural schools.

Water Supplies to Schools.

Many of the county schools obtain supplies of water from wells and springs. Samples submitted for bacteriological examination have revealed that these sources are, in some cases, unsatisfactory for use without treatment. In such cases head teachers are instructed in the correct method of purifying small quantities of water by hand dosage with chlorine compounds. The application of the sterilizing agent is simple and effective, and in order to ensure that chlorination has been properly carried out, samples of the treated water are taken by Health Department sampling officers at frequent intervals for submission for bacteriological examination.

EPIDEMIOLOGICAL SURVEYS

Cysticercosis.

The investigations in connection with reported cases of Cysticercus bovis to which reference was made in the 1949 report were continued, but it was not possible to reach any definite conclusions as to the manner in which the animals had become infected. Nevertheless, much information relating to the disease was obtained from the examination of samples and from the field work carried out.

Special attention was paid to camps accommodating European voluntary workers in the belief that there might be a connection between the incidence of Cysticercus bovis and the presence of continental labour in the county. In this connection, the County Sanitary Officer, working in close co-operation with the laboratory and other authorities concerned, arranged for the collection and submission for examination of a large number of specimens from various camps throughout the county. With the co-operation of the Medical Superintendent, samples were also submitted from a hospital where a number of displaced Europeans are employed. The hospital has its own sewage disposal works the effluent from which is treated by a system of land irrigation.

In addition to the sampling operations referred to above (which included faeces, sewage effluent and sewage sludge) attention was paid to pasture land where sewage sludge had been deposited for use as a fertiliser. Enquiries were also made at the camps in order to find out the number of persons engaged upon agricultural work and the farms at which they were employed.

The identification of ova in sewage sludge, sewage effluent and faeces is an exceedingly complex matter and there is, as yet, no simplified laboratory technique for this purpose.

The Ministry of Health were kept informed of the progress of the investigation, but were unable to advise any means by which the difficulties experienced by the laboratory could be overcome, despite the fact that the problem was by no means confined to Dorset.

Altogether 23 cases were investigated, brief particulars of which are given below:—

Animals having access to sewage contaminated water . . .	10
No evidence obtainable of source of infection	7
Animals whose owners were dealers and previous ownership could not be traced	6
	23

In some cases it was not possible to obtain any information concerning an infected beast because, prior to slaughter, the animal had been owned for a short period only by a dealer who could give no information as to its previous ownership.

It will be observed from the particulars given above that ten of the animals had access to sewage contaminated water and this is a factor which has distinct potentialities in the dissemination of infection.

Identification of Typhoid Carriers by Examination of Sewage.

Arising out of the investigation in connection with Cysticercosis, side issues of considerable public health significance were revealed of which the following are examples:—

(*a*) During the examination of samples of sewage sludge and effluent, the organisms of para-typhoid 'A' and 'B' were identified in samples submitted from a fairly large sewage disposal works. The effluent discharges into a river and certain points below the discharge are used by young people for bathing during the summer months. In view of this, samples of river water were taken downstream of the effluent discharge pipe resulting in the isolation of organisms of para-typhoid 'B' at points up to 250 yards beyond the outfall. This information was communicated to the medical officer of health for the district concerned and steps were taken in an endeavour to trace the carrier or carriers concerned.

(*b*) A similar investigation took place in connection with the sewage disposal works serving a Polish re-settlement camp in the county. In this case, organisms of para-typhoid 'A' and 'B' were recovered from samples of sewage sludge and from the sewage effluent which discharged into a stream used for the watering of dairy cattle. Again, the medical officer of health of the district concerned was notified and, as a result, steps were taken to ensure that the effluent was treated with chlorine before reaching the stream. As an added safeguard the farmer was advised to fence off the particular stretch of water through his land to prevent cattle gaining access thereto.

In an endeavour to identify the carrier or carriers amongst the camp population, arrangements were made for sterile gauze filters to be inserted in the camp drainage system, the filters being left submerged for a period of forty-eight hours before removal and submission to the laboratory for examination. As a result of this work, a carrier was identified and arrangements made by the district medical officer of health for the person to receive treatment.

(*c*) A third instance in which both typhoid and para-typhoid 'B' organisms were identified in samples of sewage sludge and effluent, occurred at a large hospital.

With the co-operation of the Medical Superintendent of the hospital, arrangements were made for filters to be inserted in the necessary branch drains serving the various hospital wards and units, but although three successive sets of filters were examined from each branch drain, the organism was not identified and it was subsequently learned that the Medical Superintendent had identified a carrier and arranged for the person concerned to receive the necessary treatment.

Infective Jaundice.

At the commencement of the year, an explosive outbreak of infective jaundice occurred at Lyme Regis, principally amongst school children. The important and immediate action to take in an outbreak of this nature is to exclude the presence of Weil's disease, which is transmitted chiefly by rodents and is often associated with defective sewerage and unsatisfactory water supplies. The matter was discussed with the district medical officer of health and it was agreed that the County Health Department should co-operate in carrying out the necessary investigation.

Altogether thirty cases were investigated, including four adults, and fifteen specimens were submitted to the laboratory for examination. Although it was not possible to prove the actual cause of the infection it was, nevertheless, possible to prove the absence of Weil's disease.

Number of Cases.			*Age Distribution (years).*			
Male	*Female*	*Total*	0—5	5—10	10—15	15 *and over*
14	16	30	2 (7%)	15 (50%)	7 (23%)	6 (20%)

THE INSPECTION AND SUPERVISION OF FOOD

Legislation.

MILK SUPPLY

No new legislation came into force during the year which materially affected the administration of the existing acts, orders and regulations governing the production and distribution of the nation's milk supply.

The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, received the Royal Assent in October and will come into operation on 1st January, 1951. This is primarily a consolidating Act and existing legislation is not revised.

On 1st October, 1950, paragraph 7 (i) of Part I of the Second Schedule of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, became operative. In effect, this means that pasteurised milk can now be bottled or put into other containers in which it is to be delivered to consumers only by a person holding a licence to use the designation 'Pasteurised' in relation to such milk and registered premises named in that person's licence.

Designated Milk Production.

At the commencement of the year there were 3,092 registered producers in the county and this figure had increased by 31st December, to 3,146. From the table submitted below, it will be seen that of this number there were, at the end of the year, 1,040 Tuberculin Tested milk producers (representing 33·05 per cent) and 346 Accredited producers (representing 10·99 per cent) and that there was a marked increase in the number of Tuberculin Tested producers since the date of the transfer of duties on 1st October, 1949. It will also be noted that there was a substantial reduction in the number of Accredited producers:—

Position as at	*Registered Producers.*	*Licensed Accredited Producers.*	*Licensed Tuberculin Tested Producers.*
1/10/49	3,092	421	797
31/12/50	3,146	346	1,040

During the period ended 31st December, 1950, twenty designated licences were suspended and one designated licence revoked. The total number of licensed designated (i.e. Accredited and Tuberculin Tested) producers compared with the registered producers in the county is now approximately 45 per cent.

I am indebted to the County Agricultural Officer (T. R. Ferris, Esq., O.B.E.) for the above-mentioned information in connection with milk production.

Licensed Pasteurising Establishments.

At the commencement of the year there were fourteen licensed pasteurising establishments in the county, excluding the Borough of Poole. During the year one establishment closed and the licence in respect thereof was cancelled. Four applications for Dealer's (Pasteuriser's) Licences were received, one being in respect of a change of ownership.

At the end of the year, again excluding the Borough of Poole, there were thirteen establishments and three applications for licences were still under consideration.

The total quantity of milk processed each day at these dairies averaged during the year 21,230 gallons which represents approximately 20 per cent of the average daily milk yield in the county.

Close supervision of the pasteurising establishments is maintained and routine samples are obtained at least once a week to ensure that milk is being correctly processed. Even so, this check covers only an infinitesimal proportion of the milk which passes to the consumer.

In addition to milk sampling, swabs and rinses of the plant and equipment are obtained at frequent intervals as a test for efficient cleansing and sterilisation. The statistics at the end of this section reveal details of the sampling carried out and it will be seen that only a very small percentage of the total samples failed the prescribed tests. The details of swabs and rinses taken of plant and equipment also indicate the high degree of efficiency which is maintained in these licensed establishments in connection with cleansing and sterilisation.

It is gratifying to be able to record that an excellent spirit of co-operation exists between the officers of the County Sanitary Officer's section and the management who welcome the advisory work which is undertaken particularly in connection with plant sterilisation. Verbal and written appreciation of this service has been given on several occasions.

Considering that Dorset is not a large county and that there are no large concentrations of population outside the Borough of Poole, it is encouraging to find that there is a growing interest amongst retailers for the sale of pasteurised milk and there is every reason to believe that, in the new year, the number of licensed establishments will be still further increased. With modern plant and efficient management there is no reason why the prejudice against pasteurised milk—due to alleged reduction of the cream line—should continue; in fact, it should be forgotten in the interest of the greater margin of safety against milk-borne infections which this grade of milk provides.

With an expected increase in the amount of milk to be pasteurised, it should be possible for some schools not at present supplied with this milk to be given allocations. There can be no doubt that pasteurised milk has all the qualities which make it ideal for distribution under the Milk in Schools Scheme.

Early in the year the County Council adopted a Standard relating to building and equipment for use in connection with milk pasteurisation. The standard is as follows:—

Floors.

Floors must be constructed of impervious material of even surface and laid with a fall towards a properly trapped gully, preferably fixed in a position *outside* the dairy. Floor space must be adequate for the proper siting of plant and equipment and to avoid the overcrowding of dairy personnel.

Walls.

Walls to be constructed of brick, concrete blocks or other durable material and either rendered on the internal surfaces, to a height of at least 6 ft. above floor level, with cement mortar, finished smooth, or provided with a white glazed-tile dado, also to a height of 6 ft. above floor level. Any timber-framed partitions and wooden doors must be covered with galvanised flat sheet metal to a height of 6 ft. above floor level.

Roof.

The roof must be weatherproof and, if constructed of corrugated iron, must be underlined with asbestos sheets or other suitable insulating material.

Light and Ventilation.

A sufficient number of opening windows must be provided in the external walls, so spaced as to provide adequate natural lighting to all parts of the premises. The total area of the glazed portions of the windows should be equivalent to at least one-tenth of the floor area of the premises. In addition to the windows, suitable artificial lighting should be provided to ensure that operations are at all times carried out in a good light and that all thermometers and thermographs are adequately illuminated.

Boilers.

Boilers, other than those which are electrically operated, must be fixed outside the dairy and there must be no means of direct access between the boiler-house and the dairy premises.

Water Supply.

The water supply for use in the dairy premises must be pure, wholesome and adequate for the several purposes for which it is required. Where the bacterial quality of the source of supply is doubtful or unsatisfactory, an approved means of water treatment must be provided.

Drainage.

All trade waste and domestic sewage must either be conveyed to a public sewer or to an approved treatment plant, the effluent from which must be satisfactory.

Pasteurising Plant.

The pasteurising plant must be of an approved type and adequate for the amount of milk to be treated. All parts of the apparatus must be capable of being properly cleaned and sterilised. Plants of the High Temperature Short Time type must incorporate an approved flow diversion device.

Equipment.

All equipment used in connection with the business must be of an approved type, be in good condition and must be capable of being readily cleaned and sterilised.

Sterilising Plant.

Approved means for the sterilisation of pasteurising plant and all dairy equipment by the use of steam and/or chemicals must be provided.

Milk Cooling.

Adequate milk coolers of an approved type (whether an integral part of the pasteurising plant or not) must be provided to ensure that the temperature of the milk, after pasteurisation, can be reduced to not more than 50 deg. F.

Thermometers.

Such indicating and recording thermometers as are necessary in accordance with the Regulations must be provided and maintained so as to give an accurate indication or recording of the temperature of the milk during the whole process of heat treatment and final cooling.

Statistical Summary of Samples taken during the year ended 31/12/50.

Milk.

Sampling Point.	*Bacteriological Examination.*			*Biological Examination.*		
	Samples.	*Complied.*	*Failed.*	*Samples.*	*Complied.*	*Failed.*
Pasteurising Establishments ...	875	868	7	—	—	—
Maintained Schools ...	2,213	2,085	128	38	38	—
School Canteens ...	550	496	54	4	4	—
Private Schools ...	163	146	17	4	4	—
County Homes and Hospitals	125	111	14	5	5	—
Retailers	873	790	83	425	415	10
TOTALS ...	4,799	4,496	303	476	466	10

Rinses.

Obtained from	*Rinses.*	*Satisfactory.*	*Fairly Satisfactory.*	*Unsatisfactory.*
Pasteurising Plant ...	764	653	31	80
Dairies, Schools, etc. ...	90	53	5	32
TOTALS ...	854	706	36	112

Water.

Sampling Point.	*Samples.*	*Satisfactory.*	*Suspicious.*	*Unsatisfactory.*
Pasteurising Establishments, Police Houses, Schools, etc. ...	552	348	77	127

Rivers Pollution Prevention.	*Samples.*
River waters, sewage effluents, trade waste	202

General.	*Samples.*
Food, milk, water, sludge, effluents, urine, faeces, blood, etc., not included, in above tables	1,105
TOTAL SAMPLES ...	7,988.

Milk Sampling.

At the beginning of the year discussion took place with the district medical officers of health and the County Agricultural Officer with a view to finding a means whereby co-ordination of milk sampling duties could be satisfactorily and economically achieved. These discussions revealed that whereas sampling for biological examination was being undertaken statutorily by the County Council, bacteriological sampling was being carried out in some areas by the county district councils. It came to light also since the transfer of the duties in regard to milk production on 1st October, 1949, that no provision was made for sampling milk from producer-retailers for bacteriological examination.

To avoid unnecessary duplication of sampling and to ensure, at the same time, that the necessary supervision of milk supplies—in particular, those from producer/retailers—was maintained, a scheme for co-ordination was agreed between the departments concerned and put into operation towards the end of February. Under this arrangement all samples of milk taken by sampling officers of the County Council for biological examination are submitted also for bacteriological examination. This arrangement applies to samples taken in all parts of the county, with the exception of the following areas:—

The Boroughs of Poole and Weymouth;
The Borough and Rural District of Dorchester;
The Urban District of Sherborne.

Copies of the laboratory results of the samples are sent by the laboratory direct to the district medical officers of health and weekly summaries are supplied by the Health Department to the County Agricultural Officer.

In connection with the five excepted districts, the Borough of Poole is not affected by the new arrangement because it is itself a food and drugs authority and, therefore, responsible for biological sampling.

In the Borough of Weymouth and the Urban District of Sherborne samples of milk for biological and bacteriological examination are being obtained by local officers and copies of the results of these samples are sent to the County Health Department. It is unfortunate that no system of co-ordination has been possible in respect of the Borough and Rural District of Dorchester, but the need is not so great in these areas owing to the proximity of the laboratory.

Milk in Schools Scheme.

At the commencement of the year there were 259 schools receiving milk under the milk in schools scheme and the grades of milk supplied were as follows:—

Pasteurised	174
Tuberculin Tested ...	70
Accredited	7
Non-designated	8
	259

During the year efforts were continued to improve the grade of milk to those schools which were not receiving either pasteurised or tuberculin tested milk. The main difficulty was, however, the distance to be travelled by a supplier in relation to the quantity of milk required at the school, which was often insufficient to cover the cost of transport. Nevertheless, at the end of the year, the position was as follows:—

Pasteurised	183
Tuberculin tested ...	71
Accredited	1
Non-designated	2
	*257

* *Two schools closed.*

There is every hope that the two schools receiving non-designated milk will be able to obtain a pasteurised or tuberculin tested supply at the commencement of the new year.

As a check on the bacteriological quality of the milk supplied to schools, samples are obtained at least three times during a term, and the following table gives the number and results of samples of school milk submitted to the laboratory for examination during the year. The figures do not include sampling carried out at schools within the Borough of Poole, this work being undertaken by the sanitary inspectors in the Borough, working under the direction of the school medical officer to the Excepted District:—

Number of schools from which samples were obtained ...	229
Total number of samples taken during year	2,213

Laboratory Results.

Pasteurised.		*Tuberculin Tested.*		*Accredited.*		*Non-designated.*		*Total number of samples.*
Pass.	*Fail.*	*Pass.*	*Fail.*	*Pass.*	*Fail.*	*Pass.*	*Fail.*	
1,309	64	696	60	36	1	44	3	2,213

In addition to the submission of samples of milk for bacteriological examination, samples are also obtained from time to time from schools receiving other than pasteurised milk for submission for biological examination for tubercle bacilli. During the year 38 such samples were submitted for examination and it is gratifying to note that all the samples proved negative.

In connection with the supply of milk to schools, another feature of the work undertaken by the county sanitary and sampling officers is that of ensuring that bottles and containers for the supply of milk to schools are efficiently cleansed at the dairy, and for this purpose rinses of bottles and of bulk containers are frequently obtained and submitted for bacteriological examination. By this means it is possible to keep the supplier informed of the condition of the utensils used in connection with the supply of milk to schools.

From the foregoing it will be seen that everything possible is being done to ensure that the school child receives milk which is not only of good compositional quality, but is also bacteriologically safe.

Prevention of Sale of Tuberculous Milk.

The year has shown increased activity in ensuring, as far as possible, that milk supplies for human consumption are free from organisms of tuberculosis and certain other milk-borne infections.

A total of 476 samples (an increase of 100 over the previous year) were submitted to the laboratory for biological examination, principally to detect the presence of tubercle bacilli. This number would be still further increased if the laboratory was able to obtain more guinea pigs. There is, however, a great shortage of these animals and an attempt is to be made to breed and rear them locally.

Tests were also conducted in a number of cases to ensure that the milk was free from the organism responsible for the spread of undulant fever.

The samples submitted for biological examination were, in the main, taken from *milk in course of sale by retail* and whereas the grades of milk concerned were predominantly non-designated and accredited, specimens of tuberculin tested and pasteurised milk were also obtained. Ten positive tubercle results were obtained, including, it is regretted, one from a sample of tuberculin tested milk. The remaining positive samples came from non-designated and accredited herds; no positive reaction was obtained from any pasteurised sample.

This work is carried out in close collaboration with the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries and a complete investigation is made by that officer into every positive sample reported to him. As a result of the joint action of the two departments, twelve cows have been slaughtered under the Tuberculosis Order. Some indication of the quantity of milk which could have been supplied to the consumer in an infected condition from the animals in question can be obtained from the estimate that during a single lactation period each animal might be reckoned to produce 600 gallons of milk. This gives an estimated total of 7,200 gallons from the twelve infected cows.

The question of brucella abortus infection in milk has, during the year, been the subject of much discussion by the authorities concerned but the position has not been satisfactorily clarified.

The district medical officer of health whose duty it is to decide whether milk affected with brucella abortus organisms should be precluded from sale for human consumption finds himself in some difficulty as to whether action may justifiably be taken under the Milk and Dairies Regulations in accordance with Ministry of Health Circular 87/49.

Pasteurisation of milk affected with brucella abortus is completely effective in destroying the organism, but an animal which has, at some time, been affected with contagious abortion, may at any time during her lactation period secrete the organisms intermittently. The problem is, therefore, to determine for what period the sale of infected milk should be restricted, or the alternative of pasteurisation before sale enforced. At present there seems to be no complete or practical answer to this problem and the possibility of local authorities being faced with compensation payments naturally tends to make medical officers of health cautious in the line they adopt.

Further guidance on this important matter by the Ministry of Health should, it is felt, be given.

In Dorset, nineteen positive results were obtained during the year, but because of the difficulties already outlined an intensive campaign to determine the extent of contagious abortion in the county has not been attempted. It is probable, however, that if the number of samples tested for this organism was increased a considerable incidence of the disease would be revealed.

PROVISION OF MEALS IN SCHOOLS

During the year the school meals service continued to expand, with the result that at the end of December there were only three schools not receiving meals out of a total of 260. Nine new canteens were opened and ten schools were provided with new washing-up facilities. Many of the schools are supplied from a central kitchen, the food being packed and transported in insulated containers.

An average daily number of 19,203 meals were served representing 56·2 per cent of the school population. When consideration is given to the large number of meals which have to be prepared and distributed, it is satisfactory to be able to report that not one case of food poisoning occurred during the year which could be directly attributed to a school meal. This is an excellent indication that great care is taken to ensure that meals are prepared under hygienic conditions.

There is a close liaison with the Education Department and any queries regarding the fitness of foodstuffs for human consumption are referred to the County Health Department for attention. Information received from the Education Department regarding outbreaks of sickness amongst school children, which are believed to be due to consumption of school meals, are immediately passed to the County Health Department in order that investigations can be instituted without delay.

MEAT AND OTHER FOODS

Taking the county as a whole the inspection of meat and other foods has been zealously carried out.

A new scheme has been devised for meat inspection at the Ministry of Food slaughterhouse at Dorchester. Although, in the past, inspection of meat at this establishment has been carried out conscientiously and with the ready co-operation of all concerned, the procedure has proved cumbersome to operate. Despite the co-

operation given by the sanitary inspectors of the districts served by this slaughterhouse, the bulk of the work has naturally fallen upon the borough inspector with the result that it has not been possible for him to give full attention to certain other aspects of public health administration. To a lesser extent, difficulties have occurred in other areas especially where time has been occupied in travelling to and from districts situated several miles from Dorchester.

Under an arrangement which will come in force towards the middle of 1951, the Dorchester Borough Council is to appoint an additional sanitary inspector primarily for meat inspection duties and the salary of this officer will be borne, by the Councils concerned, on an agreed basis. This system has the approval of the Ministry of Health, the Ministry of Food and the County Council.

The quality of the carcasses submitted for examination during the year has, according to reports by the district medical officers of health, further deteriorated and latterly this unsatisfactory state of affairs has been accompanied by a marked diminution in quantity also, the effect of which has been felt by everyone. It is to be hoped that the negotiations which the Government now have in hand will be successful in bringing about an increased meat ration at an early date, as the amount of protein available in the form of meat has reached a low level.

It is with regret that mention has again to be made of the unsatisfactory state of a number of the central slaughterhouses in the county. Reference has been made in Parliament to the experimental slaughterhouses shortly to be constructed by the Ministry of Food and if these prove successful it is to be hoped that there will be a gradual replacement or modification of many of the existing premises. At present, meat inspectors are working under the most difficult conditions—a state of affairs which has the effect of considerably increasing the burden of responsibility which these officers normally carry.

The inspection of food other than meat continues to be carried out as efficiently as the staffing position of the county district councils permits.

Perusal of the annual reports of the district medical officers of health reveals that the foods which appear to pre-dominate in the lists of condemnations again include fish, vegetables and certain canned goods.

The manufacture of ice-cream has continued to receive careful supervision and much has been done to improve both the bacteriological and the compositional quality of this commodity. Even so, in one or two areas there was a falling off in the bacteriological standards achieved in 1949 which emphasises the fact that there is no room for complacency.

FOOD PREMISES

The campaign to improve the condition of premises at which food is prepared, sold or offered for sale for human consumption has prospered during the year and some excellent results have been achieved. In the Borough of Poole a 'Clean Food Week' was run and did much to foster the co-operation of the trade and the general public.

It is understood that a similar campaign is to be organised in the Borough of Dorchester towards the middle of 1951 under the supervision of Dr. I. B. Lawrence, the Medical Officer of Health. The Dorchester Rural District are also participating in the project.

The publication of the reports of the Working Parties set up to advise on manufactured meat products and the catering trade created considerable interest and marked important steps forward in the efforts made by the Government and local authorities to improve, amongst other things, the standard of cleanliness in regard to food, food products and food premises. Although all of the suggestions will not have been received without criticism, it is to be hoped that the Government will take early steps to embody the main recommendations in new law or regulations on the subjects in question.

ADULTERATION OF FOOD AND DRUGS

The County Council's duties in connection with sampling under the Food and Drugs Act, 1938, are undertaken by the department of the Chief Inspector of Weights and Measures. The following particulars relate to samples taken during the year ended 31st December, 1950:—

Name of Sample.	*Number obtained.*	*Number certified as adulterated or not up to standard.*
Milk	472	10
Milk (Channel Island)	25	16
Milk (Appeal to Cow)	15	—
Butter	16	—
Cream	1	1
Fat (Fish Frying)	1	1
Fruit Sauce	1	1
Gelatine Sweetened Dessert	1	1
Ice Cream	141	—
Jellies (various)	6	—
Mineral Water (Raspberry Flavour)	1	1
Oatmeal	1	1
Pepper	11	—
Pickles (mixed)	1	1
Pickled Onions	1	1
Brandy	2	—
Gin	26	—
Rum	6	—
Whisky	43	—
Miscellaneous samples of other Foods and Drugs ...	191	—
TOTALS	962	34

In the Borough of Poole, this work is carried out by the Borough Sanitary Inspectors and some 293 samples of food and drugs were submitted to the public analyst during the year.

HOUSING

General Position.

In my annual report for the year 1949, I drew attention to the grave effect which the shortage of houses in the county continued to exercise on the health and general well-being of the community.

Although concerted efforts by the County Council and the local housing authorities, backed-up by pressure in the House of Commons, succeeded in obtaining an additional allocation of 131 house to five local authorities in Dorset, it is with great disappointment that I have to report that no material improvement in the solution of the overall problem has been made.

It is true that, in some districts, more new council houses have been built in one year than ever before and the Sturminster Rural District has set a splendid example to other rural authorities by completing 99 houses during the year and 450 since the last war, in addition to 55 prefabricated structures and 36 converted huts. The total number of families re-housed by this council during 1950, alone, was 201.

In the larger boroughs—notably Poole and Weymouth—the records for new houses constructed compare favourably with those of many other authorities, including some with bigger populations and greater potentialities for building development. Nevertheless, waiting lists have continued to grow and in the nine rural districts, there were at the end of June last, 3,323 applicants requiring accommodation, whereas at the same period in 1949, the figure was 3,000.

In the Borough of Weymouth, after the waiting list had been carefully screened, there were, in March, 1949, 1,400 applicants for council houses whereas at the same period in 1950 the figure had risen by 340, giving a total of 1,740. By March, 1951, the number on the waiting lists has still further increased—by more than 200—and now stands at nearly 2,000.

The responsibility for failing to do other than skim the surface of the housing problem must rest primarily with the Government who appear to turn a 'blind eye' to the fact that in a county such as Dorset, the present policy has not provided the answer and after six years could seem incapable of so doing. Whatever success may have been achieved in some of the large industrial areas, this has not been shared, if Dorset's experience is any guide, in counties of a predominantly rural character.

An interesting point which was brought out from statistics provided by the rural district councils was that nearly 30 per cent of the total number of new houses built since the war were provided by means of private licences. That this should have been the case in spite of the manner in which, since the war, private house building has been severely restricted is not without significance.

It is quite clear that there are people living in subsidised council houses today who, if they were given the opportunity to build their own houses, would willingly relieve the tax-payers of their contribution towards the burden which has to be borne in respect of every house which is built by local authorities. What is more, the proportion of council house tenants who are in this position is showing signs of increasing because, as has been pointed out by the medical officer of health for five county districts in North Dorset, married couples with large families are finding it increasingly difficult to pay the high rents now being asked for council houses. The irony of this is, as he points out, that it was for such families that local authorities were first empowered to provide houses at economical rents. If, by force of circumstances, this type of applicant accepts a highly rented council house, deprivations must follow and inevitably it is, to quote Dr. Pearson, 'the wife and mother who first go hungry'.

There would appear to be a great deal to be said for a view which is shared by many that favourable consideration should be given to requests made by a number of council house tenants that they be granted the option to buy their houses. This, in many cases, they could do by the payment of instalments which would not greatly exceed the sums paid in the form of rent. This might be another way by which housing subsidies could be reduced, but, as yet, the Ministry concerned have refused to entertain such a scheme.

The County Council are charged by statute to have constant regard to the housing conditions in rural districts and after considering evidence provided by the rural district councils (Table 15) they resolved:

(*a*) that the attention of the Ministry of Health be drawn to the situation which had been revealed and their observations invited; and

(*b*) that the Ministry be also invited to advise the County Council as to the most practical way in which the Ministry felt the County Council could assist in an endeavour materially to speed up housing progress in the county—more especially in the rural districts.

The Clerk of the County Council, in consultation with me, wrote to the Ministry on 14th March, 1951, and up to the time of preparing this report (April, 1951) no reply has been received.

The Repair and Improvement of Dwellings.

My previous report on this subject, after expressing disappointment at the very poor response which had been made to the facilities afforded under Part II of the Housing Act, 1949, concluded with this sentence:—

> 'It is hoped that it will be possible to report much more favourably on this important aspect of the housing problem in the annual report for 1950.'

As Table 16 reveals, I am sorry to say that this hope has not been fulfilled. In fact, the total number of applications for improvement grants submitted to the Principal Regional Officer of the Ministry for consideration up to 30th June, 1950, was seventeen, of which one only had, at that time, been approved. These extremely disappointing results may be due to several factors, amongst which are:—

(*a*) The 'go-slow' campaign which seems to characterise the Government's attitude towards the improvement of dwellings, despite the fact that they themselves introduced the machinery for the purpose.

(*b*) The lack of publicity given to the facilities afforded under Part II of the Housing Act, 1949, by the county district councils whose responsibility it now is to administer the Act and make the grants. This reticence may be due, in part, to the fear that any substantial progress made in this branch of their housing duties would be reflected by increases in the rates.

(*c*) The adherence of the Ministry of Local Government and Planning to the principle that the cost of re-conditioning or improvement schemes must come out of 'licensing ceilings, in operation in all county districts for general building work. This is, perhaps, the biggest drawback to the good use which might, with the encouragement of all concerned, otherwise be made of the new provisions and it is one to which the Ministry's attention has repeatedly been drawn.

In June, 1950, the Dorset Branch of the Sanitary Inspectors' Association published an exhaustive report which had been prepared at the suggestion of the local branch of the Rural District Councils Association, by its Housing Advisory Committee, entitled 'The Improvement of Dwellings with particular reference to the implementation of Part II of the Housing Act, 1949, in Dorset.' A copy of this most commendable document was sent to me and I cannot do better, in concluding my remarks on housing, than include some extracts from this Report, prepared as it was by a Committee with considerable experience of the subject:—

'Deficiencies in the Present Housing Programme.

From the several causes contributing to the present housing problem in Dorset . . . , it is evident that no single line of action will provide the solution. Although the Committee recognise that the erection of new houses must continue to take precedence over other methods of increasing and improving housing accommodation, it is clear that unless a proper balance is achieved, the situation may well be found to worsen rather than improve.' (*Para.* 13).

'Growing Demands for Higher Standards.

Apart from the necessity for keeping new building programmes "in step" with the repair and improvement of houses must be borne in mind the growing demand for a higher standard of comfort and amenity in existing dwellings . . .' (*Para.* 14).

'This general uplifting of housing standards can rightly be regarded as a compliment to those who have, for many years, been striving to bring about this very state of affairs. It would, however, be wasteful and against the national interest to run the risk of allowing units of accommodation which are so much needed in the present emergency to fall into dis-use by concentrating on the almost impossible task of providing new dwellings for all those who desire improved accommodation.' (*Para.* 15).

'Re-conditioning to Modern Standards.

The re-conditioning and improvement of houses according to modern standards, which is one of the aims of the Housing Act, 1949, will ensure . . . that only those properties which may be expected to provide satisfactory accommodation for thirty years will be eligible. . . .' (*Para.* 19).

'The Advantages of Re-conditioning.

The Committee has taken into account the view which has often been advanced that re-conditioning is wasteful of labour and materials to such an extent that it is cheaper in the long run, to build a new house. This argument, the Committee strongly refutes in the light of experience under the Housing (Rural Workers) Acts, when it was generally found possible, in schemes commenced before the war, to recondition a cottage, even with the addition of a room, for less than £300. The resulting dwelling did not only compare very favourably, from a structural viewpoint, with a modern house, but . . . often also provided increased accommodation.' (*Para.* 20).

'Local Labour Resources.

'The experience under the Housing (Rural Workers) Acts showed that re-conditioning work was, in the great majority of cases, undertaken by relatively small local building firms relying upon local labour. The erection of new houses (particularly by local authorities) was, on the other hand, usually carried out by larger building contractors who often drew on labour resources over a fairly wide area.' (*Para.* 23).

'The whole question of the availability of labour was recognised as one of the most vital issues to be faced, particularly in Dorset, where the local resources were by no means as great as in some West-country districts. The Committee unfortunately were not in possession of detailed information in regard to the potential capacity of the building industry in the county. It was, nevertheless, clear to them that if the present rate of progress in overcoming the housing shortage was to be speeded up and the scope widened to provide for re-conditioning, it was essential for representatives of the Government departments, local authorities and others concerned to unite together in order to evolve a scheme which would make the best possible use of the available resources.' (*Para.* 28).

'A Complete Programme for Re-Conditioning.

As has been stressed in paragraph 13, it is necessary that a proper balance should be achieved between the erection of new houses and the re-conditioning of existing properties which, it had to be remembered, would provide the "backbone" of housing accommodation for some considerable time to come.' (*Para.* 64).

'The Committee were of the opinion that the surveys should be conducted with a view to the formulation of "short term" and "long term" programmes for the integration of new building work with the repair and re-conditioning of existing property within the following main categories:—

(*a*) The repair of individual unfit houses;

(*b*) Improvement, re-conditioning and re-development schemes including, where necessary, slum clearance proposals; and

(*c*) The provision of new housing accommodation.' (*Para.* 65).

'The Effect of the Control of Building Operations.

The Committee were of the opinion that representation should be made to the Ministry of Health to secure the removal from the licensing restrictions of work carried out on dwellings in respect of which improvement grants were approved by the local authority, bearing in mind the fact that the approval of the Principal Regional Officer would also be required.' (*Para.* 94).

'It was felt that the general policy should be that where an application for an improvement grant was approved, it should follow that a building licence would be granted to enable the work to be carried out. . .' (*Para.* 95).

SPECIAL ARTICLE

POLIOMYELITIS

In 1947 this country experienced the most widespread epidemic of poliomyelitis ever recorded up to that time. The fact that the number of cases was increasing above usual limits became apparent towards the end of June and the epidemic reached a peak in the beginning of September. It was not localised to any particular area, although some parts of the country had a much higher incidence than others. Dorset did not escape; indeed the case rate was higher here than in the country as a whole, but the death rate was lower. In all, 64 confirmed cases of poliomyelitis and 6 of polioencephalitis were notified in Dorset during that year.

Dr. J. L. Gilloran (1947) wrote a special article in the Annual Report for that year on the epidemiology of poliomyelitis with particular reference to the County of Dorset and in the present report an attempt is made to carry that account a stage further by indicating how the disease affected Dorset in 1950. Some reference will also be made to the incidence of poliomyelitis in 1948 and 1949 and to the variation in epidemiological characteristics since the publication of Dr. Gilloran's article.

At this point certain alterations in the notification procedure should be mentioned. The distinction formerly drawn between acute poliomyelitis and acute polioencephalitis was not an easy one and has never been adopted in other countries. In Sweden and certain parts of the United States it has long been the practice to report cases of acute poliomyelitis, including polioencephalitis, with one or two sub-headings. However, with the coming into force on 1st January, 1950, of the Public Health (Acute Poliomyelitis, Acute Polioencephalitis and Meningococcal Infection) Regulations, acute polioencephalitis became notifiable under acute poliomyelitis and all cases had to be sub-divided into paralytic and non-paralytic types. Paralytic cases include all those with transient or permanent paralysis, while in the non-paralytic group are included cases in which there is no paralysis but where the diagnosis is made on clinical grounds with or without examination of the cerebro-spinal fluid. Obviously, in this group diagnosis is often uncertain but if patients who were not paralysed when first notified and admitted to hospital became paralysed later, the ordinary procedure for correction should be applied by the hospital. Also in the figures quoted, while the 1950 statistics include non-civilians stationed within England and Wales, those up to the end of 1949 refer only to civilians.

Only 16 cases of poliomyelitis and 3 cases of polioencephalitis were confirmed in the county during 1948, and there were no deaths. This gives a case rate of 70 per million of the civilian population compared with 43 in England and Wales, grouping the two diseases together. Three cases were notified during the first quarter, none during the second quarter, 10 during the third and 6 during the fourth. Thirteen cases occurred in urban districts and 6 in the rural districts. Weymouth Borough with 6 cases was most affected, Poole Borough and Wimborne Rural District coming next with 3 each.

In 1949 on the other hand, the number of notifications of poliomyelitis had risen to 64, the same figure as in 1947, and in addition there were 4 cases of polioencephalitis. There were 7 deaths. This gives a civilian case rate of 243 per million and a death rate of 25 per million compared with 138 and 15 respectively in the country as a whole. Nearly one-half of the cases of poliomyelitis (31) occurred in Poole Borough, 5 in the September and 26 in the December quarter.

There were certain differences between the 1947 and 1949 epidemics. In each year the summer was warm and dry but the number of cases in 1947 reached a peak more rapidly, whereas the epidemic of 1949 began a little later but was more prolonged. Bradley (1950) points out that the peak weekly figure for the country of 708 cases was reached in the thirty-sixth week of 1947; in 1949 the figure was 463 and occurred in the forty-second week. There was also a slight alteration in the age distribution.

The number of cases of poliomyelitis (including polioencephalitis) rose to 111 in 1950, 77 being classified as paralytic and 34 non-paralytic. Although the pattern of the development of the epidemic in Dorset was similar to that of 1947 it tended to start somewhat later in 1950. Dr. Gilloran reports that the epidemic in 1947 really started when a schoolboy in the Wareham Rural District contracted the disease on 26th June and 9 other cases in the school developed by 4th July, whereas in the first six months of 1950 only sporadic cases were notified, 3 in the first quarter and 1 in the second. After the end of July, however, the number of cases began to increase steadily week by week to a peak in September and only in the weeks ending 9th and 23rd December were no cases notified. This was not the finding in the country generally where the rise in the number of notifications began earlier than in 1947 and fell more slowly from a smaller peak. The following table gives the number of cases notified in each of the last eight calendar months of 1950:—

TABLE I

Month.	*Number of confirmed cases of Poliomyelitis notified in Dorset.*
May	0
June	1
July	2
August	25
September	41
October	16
November	15
December	8

It is interesting to note that 66 cases occurred during August and September, one more than the total number notified during 1947.

The area most affected was Portland Urban District with 16 confirmed cases. All but one of them developed during the last 7 weeks of the third quarter and of this number 9 during the last 14 days of August. Of the cases referred to, 9 occurred in children under 10 years, 4 of them being under 5 years of age. Two of the cases were siblings, one developing the disease two days after the other. Another case aged 2 years lived in the same street as these two cases, while 3 others occurred in another street. Young Royal Navy personnel were affected in two instances. Of the 16 cases at Portland, 9 were classified as paralytic and 7 non-paralytic. There was 1 death.

While this was happening in Portland, the incidence of Poliomyelitis was rising in other local authority areas, particularly in the neighbouring one of Weymouth Borough where 12 cases were reported during the year, and in Poole Borough where 13 cases were reported.

In Table II below is given the distribution of Poliomyelitis in Dorset by quarters for 1950:—

TABLE II

District.	*Quarter of* 1950.							
	March.		*June.*		*September.*		*December.*	
	P.	*N.P.*	*P.*	*N.P.*	*P.*	*N.P.*	*P.*	*N.P.*
Blandford Borough ...	—	—	—	—	—	1	—	—
Bridport Borough ...	—	—	—	—	1	—	5	—
Dorchester Borough ...	—	—	—	—	1	—	2	—
Lyme Regis Borough ...	—	—	—	—	—	—	—	—
Poole Borough ...	1	—	—	—	4	5	2	1
Portland Urban ...	—	—	—	—	8	7	1	—
Shaftesbury Borough ...	—	—	—	—	4	—	—	—
Sherborne Urban ...	—	—	—	—	4	1	3	—
Swanage Urban ...	—	—	—	—	—	1	1	—
Wareham Borough ...	—	—	—	—	—	—	—	—
Weymouth Borough ...	1	—	—	—	6	3	1	1
Wimborne Urban ...	—	—	—	—	—	—	—	—
Beaminster Rural ...	—	—	—	—	1	3	2	—
Blandford Rural ...	—	1	—	1	3	—	—	—
Bridport Rural ...	—	—	—	—	3	—	4	—
Dorchester Rural ...	—	—	—	—	1	1	3	—
Shaftesbury Rural ...	—	—	—	—	3	2	1	1
Sherborne Rural ...	—	—	—	—	—	1	1	—
Sturminster Rural ...	—	—	—	—	1	—	3	—
Wareham Rural ...	—	—	—	—	2	3	2	1
Wimborne Rural ...	—	—	—	—	—	—	2	—
TOTALS ...	2	1	—	1	42	28	33	4

Note: *P—Paralytic Case.* *N.P.—Non-Paralytic Case.*

Of the other authorities, none had confirmed notifications going into double figures. Sherborne Urban and Wareham Rural District had 8 cases each and Bridport and Shaftesbury Rural Districts had 7. Lyme Regis and Wareham Boroughs and Wimborne Urban District reported no cases. There was a total of 111 confirmed cases during the year giving an attack rate of 381 per million, compared with 177 for the country as a whole. In each of the years under review the incidence of the disease has been relatively higher than that of the country as a whole.

For comparison with the figures in Table II, an analysis of the distribution of cases in the various districts in the years 1947 to 1950 is set out in Table III.

TABLE III.

District.	1950 *Population.*	1947	1948	1949	1950	*Total.*
Blandford Borough ...	3,596	4	1	Nil	1	6
Bridport Borough ...	6,081	1	Nil	Nil	6	7
Dorchester Borough ...	11,780	Nil	1	1	3	5
Lyme Regis Borough ...	3,063	1	Nil	Nil	Nil	1
Poole Borough ...	82,140	14	3	31	13	61
Portland Urban ...	14,202	2	Nil	Nil	16	18
Shaftesbury Borough ...	3,543	2	Nil	Nil	4	6
Sherborne Urban ...	7,010	3	Nil	1	8	12
Swanage Urban ...	6,630	3	1	2	2	8
Wareham Borough ...	2,610	Nil	Nil	Nil	Nil	Nil
Weymouth Borough ...	36,160	6	6	5	12	29
Wimborne Urban ...	4,780	3	1	1	Nil	5
Beaminster Rural ...	8,113	Nil	Nil	10	6	16
Blandford Rural ...	12,449	4	2	2	5	13
Bridport Rural ...	7,729	1	Nil	1	7	9
Dorchester Rural ...	16,610	Nil	1	2	5	8
Shaftesbury Rural ...	9,067	2	Nil	2	7	11
Sherborne Rural ...	6,130	Nil	Nil	Nil	2	2
Sturminster Rural ...	9,037	1	Nil	3	4	8
Wareham Rural ...	18,960	11	Nil	Nil	8	19
Wimborne Rural ...	21,150	7	3	7	2	19
TOTALS ...	290,840	65	19	68	111	263

Of all the local authorities, only in Wareham Borough were no cases notified in any of the years under review. During the same period one case was notified in Lyme Regis Borough and 2 in Sherborne Rural District. At the other end of the scale, Poole had 61 cases.

As in previous epidemic years, rural districts of the county had a higher incidence than urban areas. The rates in the different areas for Dorset in 1947 and 1950 compared with England and Wales are shown in Table IV.

TABLE IV.

	Dorset.		*England and Wales.*	
Rate per 100,000 *in*	1947	1950	1947	1950
Rural areas	27	42·1	21·6	20·6
Urban areas	23·2	35·8	17·4	16·3
County Boroughs	—	—	15·6	19·6
Over whole area	25	38	18·0	17·7

The mortality rate attributed to the disease in 1950 is shown in the following table:—

TABLE V.

	Dorset.	*England and Wales.*
Total deaths	18	734
Death rate per million population	62	17
Case fatality rate	16	9·47

In 1947, the case fatality rate was 7·7 per cent in Dorset and 9 per cent in England and Wales as a whole. Although the national rate has remained fairly stationary, that for Dorset in 1950 is nearly twice the 1947 figure.

Sex Incidence.

In England and Wales in 1950 there were 4,220 (55 per cent) cases among males and 3,533 (46 per cent) among females. The figures for Dorset were 61 (55 per cent) males and 50 (45 per cent) females. This compares with 43 per cent males and 23 per cent females in Dorset in 1947, but as Dr. Gilloran points out the higher percentage of males that year was due to the outbreak at a boys' school in the Wareham Rural District. Normally there tends to be a preponderance of male cases in poliomyelitis epidemics and this is brought out in the local and national figures for 1950.

Age Incidence.

The table below gives the age distribution of notifications in England and Wales and the age and sex incidence in Dorset for 1950:—

TABLE VI.

	England and Wales.		*Dorset.*			
Age.	*Notifications.*	*Percentage of total cases.*	*Notifications.* *M.*	*F.*	*Total.*	*Percentage of total cases.*
0—	319	4·1	0	0	0	0
1—	1,225	15·9	5	4	9	8·1
3—	1,145	14·8	12	3	15	13·5
5—	1,725	22·2	11	10	21	18·9
10—	908	11·7	4	9	13	11·7
15—	1,101	14·2	15	15	30	27·1
25—	1,330	17·1	14	9	23	20·7
TOTALS	7,753	100	61	50	111	100

It is interesting to note that the percentage of cases (27) in the 15 to 25 age group is nearly as high as that (31 per cent) in the 5—15 group, whereas in 1947, 48 per cent of cases were aged 5—15 years and only 19 per cent 15—25 years. The under fives escaped comparatively lightly in Dorset in 1950 as in 1947, only 22 per cent of the total number of cases occurred in this age group. Although this is slightly above the corresponding figures for Dorset in 1947 and 1949, yet it is below the national figure for 1950. Such a finding is common in predominantly rural areas. The increase in the percentage of cases in the under fives during 1949 and 1950 is said to be due to the raising of the herd immunity in the 1947 epidemic so that children under 3 years of age, i.e. born after mid-1947 are more likely to contract the disease than older people. On the other hand it has been a finding in the past that in endemic poliomyelitis the higher proportion of cases occur in children under 5 years while older groups tend to be most affected during epidemics.

The table below (No. VII) giving the percentage of cases under 3 years, under 5 years, and under 10 years in England and Wales and Dorset for 1947, 1949 and 1950, illustrates the changes in the age distribution in the younger age groups.

TABLE VII

	England and Wales.			*Dorset.*		
Age.	1947	1949	1950	1947	1949	1950
	Percentage of total cases for the year.					
Under 3 years ...	18·0	22·1	20·0	9·3	11·9	8·1
Under 5 years ...	30·3	36·5	34·8	16·9	14·9	21·6
Under 10 years ...	52·3	58·1	57·0	35·4	40·3	40·5

Paralytic and Non-Paralytic Cases.

As mentioned earlier, since 1st January, 1950, doctors notifying poliomyelitis in this country have been required to distinguish between paralytic and non-paralytic forms. The proportion of non-paralytic cases has been found to vary widely in different parts of the country but tends to rise as an epidemic reaches its peak. Seventy-seven or 69·4 per cent of the confirmed cases were classified as paralytic and 34 or 30·6 per cent as non-paralytic. This approximates very closely to the national figures, when 70 per cent were classified as paralytic. The ratio of paralytic to non-paralytic cases was practically the same in each sex but varied greatly in the different age groups. This is brought out in Table VIII below, which gives the total number of cases in each age group and the number of cases and percentage showing paralysis.

TABLE VIII.

Age Group.	*No. of Cases.*	*No. of Paralytic Cases.*	*Percentage of Paralytic Cases.*
0—	Nil	Nil	Nil
1—	9	9	100
3—	15	10	66·6
5—	21	14	66·6
10—	13	7	53·8
15—	30	18	60·0
25—	23	19	82·6

The highest percentage of paralytic cases occurred in the under 5 years, and in the over 25 years age groups, amounting to 100 per cent of cases in the 1 to 3 age groups.

DISCUSSION

The control of poliomyelitis still presents a problem in the field of preventive medicine. The hopes that the 1947 epidemic would not be repeated in future years have not been realised, and it would appear that the incidence of the disease will tend to follow post-war rather than pre-war trends for the next few years at any rate. On the other hand, however, in the United States and Canada where major epidemics of poliomyelitis used to occur, there has been a marked decrease in incidence during 1950.

One of the main problems is to determine the method or methods by which it is spread. The whole subject is not even yet entirely clear. The disease was not suspected of being infectious till the latter half of last century and except for experimental evidence, it is not easy to make out a case for its communicable nature. It is still generally believed that the virus can be spread by droplet nuclei and entry gained through the exposed endings of the olfactory nerve, which are the only free entry to the nervous system.

If the disease is spread by contact it is difficult to reconcile this with the fact that most cases of poliomyelitis occur in the summer months. Armstrong (1950), an American worker, suggests that the site of penetration is more permeable in the warm weather. When it is cold the secretions of the nose and throat are greatly increased. Mucous secretion may dilute or carry the virus away and at the same time make it more difficult for it to come into contact with the nerve endings. In warm weather when the secretions are less it will be easier for the organism to enter the body and Armstrong has shown that there is a distinct relationship between the absolute humidity, the average monthly temperature and the incidence of poliomyelitis in the United States. In this country, mean weekly temperatures at Kew Gardens have been charted with the poliomyelitis notifications for the County of London in the last few years. In all three epidemic years it has been found that the epidemic began in the week the temperature first reached 60 deg. F. and in 1949 and 1950 the epidemic began to diminish when the temperature first fell below 60 deg. F.

If this relationship does exist it is difficult to understand why such diseases as chicken-pox, measles and influenza are not spread in the same sort of weather, but the difference may be concerned with the type of cells which attract these viruses. Searching for experimental confirmation, Armstrong suspended a strain of poliomyelitis virus in varying amounts of mucin (present in mucous secretions) and found that the suspensions with the highest concentration of mucin were the least infectious. This is the reverse of some experimental infections where the mucin protects the bacteria from the host's defences; here it forms a protective barrier between virus and the susceptible cells. Armstrong's hypothesis may not be entirely convincing but at least it suggests several avenues for epidemiological and laboratory exploration. Indirect evidence which would seem to support this theory is the clinical observation that children of the clean nose type suffer more commonly from the disease than those of the running nose type. Poliomyelitis is typically a disease of the better housed and the better nurtured section of the community and this would be expected if the usual means of entry of the virus is through the healthy nasal mucous membrane.

It is also considered that the virus can enter the body by the alimentary route and work in post-war years supports this. The virus has been isolated from the excreta of actual cases, of healthy carriers and of convalescent cases and from sewage and flies, during epidemics. In the Essex Annual Report, Dr. H. K. Cowan (1949), County Medical Officer, points out that residual paralysis was lumbar only in type in 74 out of 223 cases, lending support to the belief that the most frequent path of invasion is through the alimentary canal. The maximum incidence of the disease in the summer months is also characteristic of infections by this route. As this method of transmission of poliomyelitis was fully discussed in the 1947 report it is not proposed to comment further on it here.

Poliomyelitis may be spread by patients suffering from a typical acute attack; by persons suffering from a mild atypical attack; by healthy persons who have been in contact with infection without developing the disease themselves and possibly by chronic carriers who have recovered from a previous attack. The acute cases are most infectious just before symptoms appear or in the early stages of the disease. It is thought that transmission occurs mainly by personal contact and through the agency of atypical or abortive cases, and by healthy carriers who may far outnumber cases showing paralysis. Isolation of known cases and carriers can only exert a limited effect and it is important to appreciate the existence of abortive cases and to take steps to notify and isolate them as soon as recognised.

During an epidemic period unnecessary congregating of individuals especially children, for example, at cinema matinees, should be avoided in areas where cases are occurring, although usually the closure of schools is not necessary. The value of adequate rest for children and adolescents cannot be over-emphasised as undue physical exercise seems definitely to predispose to infection or to produce a greater degree of paralysis if the individual is already incubating the disease.

To avoid ending on too pessimistic a note it is pointed out that although poliomyelitis is still a serious problem for which we have not yet the full solution, it should be kept in proper perspective. The number of deaths from it were less than that from whooping cough and they only amounted to about one-sixth of those killed on the roads while 35 people were injured in road accidents for every one affected by the paralytic form of the disease.

SUMMARY

(1) Since 1947 there has been a considerable increase in the number of cases of acute poliomyelitis in the country rising to epidemic proportions in certain of the years. It is difficult to give a satisfactory explanation for this increase but it may well be that the mass movement of civil and military populations in the war and immediate post-war years has resulted in the importation of new strains of the virus.

(2) The figures recorded in Dorset during this period have been proportionately higher than the average for the country as a whole, particularly during 1950 when 111 confirmed cases were notified, giving an attack rate for the county of 381 per million of the population compared with the national figure of 177. Of the 111 cases reported, 77 were classified as paralytic and 34 as non-paralytic. The proportion of paralytic to non-paralytic cases was the same in Dorset as in England and Wales.

(3) In other parts of the country, particularly in highly urbanised areas, there has been a tendency for each successive year from 1947 to show an increasing percentage of children affected in the younger age groups, due it is said, to a raising of the herd immunity in the 1947 epidemic. This has not been so evident in Dorset, probably on account of its predominantly rural character.

(4) Most workers are agreed that poliomyelitis can be spread by droplet spray and by the intestinal route but further research on its transmission is necessary as certain aspects are still imperfectly understood. Due to the renewed interest in the subject during the past few years, our knowledge is slowly increasing and it is to be hoped that this progress will continue until the picture is complete.

References.

Armstrong, C. (1950) Amer, J. P. H., 40. 1296.
Bradley, W. H. (1950) Brit. Med. J. (i) 1425.
Cowan, H. K. (1949) Essex County Council. Annual Report of the Medical Officer of Health.
Gilloran, J. L. (1947) Dorset County Council. Annual Report of the County Medical Officer of Health.

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Senior Assistant County Medical Officer.

JULY, 1951.

Table 1—Vital Statistics.

Area:—622,843 Acres.	*1941*	*1942*	*1943*	*1944*	*1945*	*1946*	*1947*	*1948*	*1949*	*1950*
Population:—										
Urban Districts ..	156,600	150,700	146,400	146,980	151,810	163,690	168,290	171,706	173,914	181,595
Rural Districts ..	102,090	98,600	96,140	93,540	91,180	94,400	96,100	101,094	101,486	109,245
Whole County ..	258,690	249,300	242,540	240,520	242,990	258,090	264,390	272,800	275,400	*290,840
Rateable Value ..	£1,841,969	£1,851,221	£1,858,229	£1,857,072	£1,871,483	£1,878,688	£1,905,871	£1,877,578	£1,921,277	£1,951,992
Estimated Produce of a Penny Rate ..	£7,154	£7,211	£7,202	£7,308	£7,388	£7,442	£7,587	£7,486	£7,657	£7,757
Births:—										
Still Births ..	117	123	123	119	120	134	115	108	66	88
Live Births ..	3,810	4,292	4,072	4,589	4,383	4,911	5,381	4,679	4,435	4,266
Legitimate ..	3,660	4,107	3,880	4,217	3,878	4,592	5,157	4,482	4,247	4,018
Illegitimate ..	267	308	315	491	625	453	339	305	254	248
Total	3,927	4,415	4,195	4,708	4,503	5,045	5,496	4,787	4,501	4,354
Live Birth Rate (per 1,000 population) ..	14·7	17·2	16·7	19·0	18·0	19·0	20·3	17·1	16·1	14·6
Still Birth Rate (per 1,000 total births)	29·7	27·8	29·3	25·2	26·6	26·5	20·9	22·5	14·6	20·2
Live Birth Rate (England & Wales)	14·2	15·8	16·5	17·6	16·1	19·1	20·5	17·9	16·7	15·8
Deaths:—										
Total Deaths (all ages)	3,250	3,303	3,205	3,200	3,180	3,270	3,418	3,179	3,459	3,629
Death Rate (per 1,000 population) ..	12·5	13·2	13·2	13·3	13·0	12·6	12·8	11·6	12·5	12·4
Death Rate (England and Wales) ..	12·9	11·6	12·1	11·6	11·4	11·5	12·0	10·8	11·7	11·6
Infant Mortality:—										
Deaths under 1 year of age	187	171	148	150	181	173	148	122	110	103
Legitimate ..	166	155	130	129	151	151	134	111	91	96
Illegitimate ..	21	16	18	31	30	22	14	11	19	7
Mortality Rate (per 1,000 Legitimate live births) ..	45·3	37·7	34·5	31·3	39·9	33·7	26·5	25·3	21·5	23·8
Mortality Rate (per 1,000 Illegitimate live births) ..	78·6	51·9	55·3	44·0	49·7	50·6	42·0	36·6	76·3	28·2
Mortality Rate (per 1,000 live births)	80	53	36	32	41	35	27	26	24	24
Mortality Rate (England & Wales)	59	49	49	46	46	43	41	34	32	29
Maternal Mortality:—										
Maternal Deaths ..	14	10	9	7	5	12	6	4	2	3
Maternal Mortality Rate (per 1,000 births)	3·5	2·2	2·1	1·4	1·1	2·3	1·09	0·83	0·44	0·68
Maternal Mortality Rate (England & Wales)	2·23	2·01	2·29	1·93	1·79	1·43	1·17	1·02	0·98	0·86
TUBERCULOSIS.										
Deaths.										
All forms	121	122	101	99	110	110	114	103	80	80
Death-rate per 1,000 population ..	0·46	0·48	0·41	0·41	0·45	0·42	0·42	0·37	0·29	0·27
Pulmonary	102	102	76	80	91	85	91	89	65	72
Death-rate per 1,000 population ..	0·39	0·40	0·31	0·33	0·37	0·32	0·34	0·32	0·24	0·24
Non-Pulmonary ..	19	20	25	19	19	25	23	14	15	8
Death-rate per 1,000 population ..	0·07	0·08	0·10	0·07	0·07	0·09	0·08	0·05	0·05	0·02
Notifications:—										
All forms	243	264	250	278	209	216	281	214	224	231
Pulmonary	185	210	179	207	156	163	224	164	169	184
Non-Pulmonary ..	58	54	71	71	53	53	57	50	55	47
Notification Register as at 31st December:—										
All forms	949	960	1,012	1,094	1,117	1,178	1,257	1,277	1,202	1,266
Pulmonary:										
Males	369	409	421	453	482	505	549	553	553	574
Females ..	291	282	294	323	330	340	387	395	379	404
Non-Pulmonary:										
Males	140	134	143	159	151	171	161	167	148	158
Females	149	135	154	159	154	162	160	162	122	130

* *Includes non-civilians.*

Please leave open when referring to Tables 2, 3 and 4.

Causes of Death.	Totals U.D.'s		Totals R.D.'s		Totals whole County, 1950	Comparable Totals, 1949	Blandford Forum M.B.		Bridport M.B.		Dorchester M.B.		Lyme Regis M.B.		Portland U.D.		Shaftesbury M.B.		Sherborne U.D.		Swanage U.D.		Wareham M.B.		Weymouth and Melcombe Regis M.B.		Winchester Municipal U.D.	
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	34	20	12	6	72	65	1	1	1	—	1	2	—	—	3	—	—	—	2	2	1	—	1	—	8	4	1	—
2. Tuberculosis, other	2	2	2	2	8	15	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—
3. Syphilitic disease	5	4	1	1	11	9	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	2	—	—	1	1	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	2	—	2	2	—	—	—	—	—	—	—	—	1	—	1	—	2	1	—	—	—	—	2	—	—	—
7. Acute poliomyelitis	8	2	4	4	18	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	1	2	—
9. Other infective and parasitic diseases	7	2	3	6	18	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
10. Malignant neoplasm, stomach	32	22	21	15	90	93	1	1	2	1	1	1	2	—	4	1	1	1	—	1	—	2	1	—	9	4	1	—
11. Malignant neoplasm, lung, bronchus	35	6	24	3	68	N.K.	3	1	1	—	4	—	2	—	1	—	—	—	—	—	—	3	—	—	1	11	—	—
12. Malignant neoplasm, breast	1	38	—	11	50	65	—	1	—	1	—	1	—	—	—	1	—	—	1	—	—	2	—	1	—	7	—	—
13. Malignant neoplasm, uterus	—	22	—	12	34	29	—	—	—	1	—	—	—	—	—	—	—	1	—	2	—	—	2	—	18	19	5	—
14. Other malignant and lymphatic neoplasms	115	107	80	46	348	370	5	5	8	2	4	1	—	2	7	1	3	5	5	7	3	5	2	3	2	2	—	—
15. Leukaemia, aleukaemia	4	4	3	6	17	N.K.	—	—	—	—	—	1	—	1	1	—	1	—	—	—	—	1	—	—	1	—	—	—
16. Diabetes	8	9	3	7	27	28	—	—	—	—	—	1	—	—	—	1	—	—	—	2	—	—	—	—	25	34	1	—
17. Vascular lesions of nervous system	128	192	63	92	475	451	3	5	4	6	10	8	3	4	9	5	2	7	4	2	7	13	1	3	36	25	10	—
18. Coronary disease, angina	178	123	89	59	449		3	4	10	4	14	7	1	3	4	6	4	2	5	2	10	3	2	3	3	8	—	—
19. Hypertension with heart disease	30	36	12	15	93	1,204	—	—	—	1	14	7	—	2	1	1	1	—	—	—	—	3	—	—	3	2	—	—
20. Other heart disease	187	231	123	174	715		6	6	16	18	15	15	2	3	1	1	2	—	5	7	11	17	—	3	46	45	2	—
21. Other circulatory disease	60	52	28	27	167	135	—	2	1	2	3	2	1	—	4	1	—	—	6	9	5	5	2	1	12	8	6	—
22. Influenza	3	10	4	3	20	29	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	7	1	—
23. Pneumonia	38	34	31	21	124	113	1	—	2	1	6	1	1	—	1	1	1	1	—	—	—	—	—	—	—	14	7	2
24. Bronchitis	52	34	20	14	120	111	3	—	2	3	4	2	1	2	2	—	—	1	2	2	3	1	—	—	—	6	—	—
25. Other diseases of respiratory system	11	13	10	7	41	53	1	—	—	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—	2	1	—
26. Ulcer of stomach and duodenum	21	7	12	5	45	32	—	—	—	—	—	1	—	—	1	1	—	—	1	2	—	—	—	—	—	2	3	—
27. Gastritis, enteritis and diarrhoea	2	7	1	3	13	61	—	—	1	—	—	1	1	1	1	1	—	—	3	—	2	—	1	—	—	4	—	—
28. Nephritis and nephrosis	14	12	10	8	44	76	—	—	1	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
29. Hyperplasia of prostate	26	—	16	—	42	N.K.	—	—	—	1	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	4	1	—
30. Pregnancy, childbirth, abortion	—	2	—	1	3	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations	17	8	5	2	32	47	—	1	—	1	2	1	1	2	7	5	1	2	1	2	3	6	3	1	17	18	2	1
32. Other defined and ill-defined diseases	99	99	75	84	357	341	1	2	9	3	4	6	1	2	1	—	1	—	—	—	2	—	—	1	3	2	3	—
33. Motor vehicle accidents	21	2	13	4	40	25	1	—	1	—	1	—	—	—	4	—	—	1	—	—	—	1	1	—	3	2	3	—
34. All other accidents	23	22	11	10	66	58	—	1	2	—	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
35. Suicide	11	3	4	2	20	27	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	—	—
36. Homicide and operations of war	—	—	—	—	—	N.K.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—
All Causes	1,172	1,125	682	650	3,629	3,459	29	30	63	45	73	59	18	22	70	36	19	26	40	47	56	60	17	19	232	219	40	10
Deaths of infants under 1 year:—																												
Total	43	21	22	17	103	110	1	1	4	—	3	1	—	—	5	1	—	—	1	—	—	1	1	1	12	3	1	—
Legitimate	41	19	20	16	96	91	1	1	4	—	2	1	—	—	5	1	—	—	1	—	—	1	1	1	11	3	1	—
Illegitimate	2	2	2	1	7	19	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Live births:—																												
Total	1,342	1,224	885	815	4,266	4,435	39	27	59	40	84	75	15	20	67	60	28	25	36	39	35	42	20	26	265	270	33	8
Legitimate	1,261	1,151	830	776	4,018	4,186	35	24	56	38	79	72	12	18	65	58	27	25	34	38	33	40	18	26	248	246	34	7
Illegitimate	81	73	55	39	248	249	4	3	3	2	5	3	3	2	2	2	1	—	2	1	2	2	2	—	17	24	2	1
Still births:—																												
Total	28	30	14	16	88	66	—	—	3	—	1	4	1	—	3	—	3	2	1	1	—	1	—	1	3	6	—	—
Legitimate	27	27	14	15	83	61	—	—	3	—	1	4	1	—	3	—	3	2	1	1	—	—	—	1	3	5	—	—
Illegitimate	1	3	—	1	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
Estimated 'Home' population, 1950 (which includes non-civilians)	181,595		109,245		290,840	—	3,596		6,081		11,780		3,063		14,202		3,543		7,010		6,630		2,610		36,160		10,000	
Estimated 'Home' population, 1949 (which includes non-civilians)	180,955		109,495		—	290,450	3,658		6,045		11,500		3,021		14,730		3,446		7,280		6,580		2,610		36,020		10,000	

Poole M.B.		*Beaminster R.D.*		*Blandford R.D.*		*Bridport R.D.*		*Dorchester R.D.*		*Shaftesbury R.D.*		*Sherborne R.D.*		*Sturminster R.D.*		*Wareham and Purbeck R.D.*		*Wimborne and Cranborne R.D.*	
M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
15	11	1	1	1	1	—	—	1	1	1	1	1	—	2	—	5	1	—	1
1	—	—	—	1	—	—	—	—	1	—	—	—	—	1	1	—	—	—	—
2	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
2	1	1	—	—	1	—	—	1	—	1	1	—	—	—	2	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	2	1	—	—	—	1	1	—	1	—	—	—	1	1	—	—	1	—	2
16	13	1	—	2	—	2	1	5	1	2	1	1	1	1	5	1	—	6	6
13	1	1	1	3	—	2	1	5	—	2	—	1	—	2	—	6	—	2	1
—	18	—	1	—	1	—	2	—	—	—	1	—	—	—	—	—	4	—	2
—	8	—	1	—	2	—	—	—	3	—	1	—	2	—	—	—	3	—	—
55	54	4	6	6	4	4	3	14	2	10	4	4	3	6	7	13	7	19	10
—	1	—	1	—	—	—	—	—	1	1	1	—	—	1	2	—	—	1	1
7	—	—	1	1	1	—	—	—	—	—	—	—	—	1	2	1	1	—	2
59	101	6	9	3	6	4	8	7	11	7	9	3	3	3	15	16	12	14	19
79	59	4	8	8	1	10	2	8	6	6	5	4	2	6	8	16	5	27	22
21	18	1	—	—	1	2	1	—	2	3	2	2	2	1	2	2	2	1	3
68	95	9	15	17	13	15	19	16	20	20	10	7	14	14	22	9	30	16	31
20	14	—	—	1	—	1	3	4	3	4	3	1	2	—	2	4	4	13	10
2	5	—	—	—	—	—	1	1	2	—	—	—	—	1	—	2	—	—	—
15	15	4	2	6	1	1	1	2	6	1	3	2	1	—	3	5	1	10	3
20	17	2	—	—	—	4	2	6	4	1	2	—	—	—	2	4	2	3	2
3	9	1	1	—	—	—	1	2	3	2	—	1	1	2	1	1	—	1	—
12	2	1	—	2	—	1	1	2	—	1	—	1	1	2	—	—	2	2	1
1	4	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
8	4	—	—	2	1	1	—	2	2	—	1	3	—	—	1	1	1	1	2
12	—	3	—	2	—	—	—	1	—	1	—	—	—	2	—	3	—	4	—
—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
8	4	2	1	—	—	—	—	—	—	1	—	—	—	1	—	1	—	—	1
50	50	9	7	6	3	3	7	5	16	3	8	6	3	15	9	11	15	17	16
10	1	—	—	2	1	—	—	6	1	2	—	1	—	1	1	1	—	—	1
8	13	2	—	3	—	1	3	1	2	—	1	1	—	—	1	1	2	2	1
6	1	1	—	1	—	1	—	1	—	—	—	—	—	—	—	—	1	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
515	523	54	56	68	37	53	57	91	88	70	54	40	37	63	86	103	95	140	140
15	12	5	2	1	1	—	1	1	3	1	1	2	1	6	1	4	2	2	5
15	11	5	1	1	1	—	1	1	3	1	1	2	1	5	1	3	2	2	5
—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
61	570	76	54	100	77	49	60	139	127	55	75	59	53	92	73	155	145	160	151
23	538	76	53	96	74	46	59	131	120	51	71	55	48	86	68	144	138	145	145
38	.. 32	—	1	4	3	3	1	8	7	4	4	4	5	6	5	11	7	15	6
13	14	1	3	2	1	1	3	4	2	—	—	—	3	—	—	3	2	3	2
12	13	1	2	2	1	1	3	4	2	—	—	—	3	—	—	3	2	3	2
1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
82,140		8,113		12,449		7,729		16,610		9,067		6,130		9,037		18,960		21,150	
81,130		8,025		11,981		7,605		16,880		9,649		6,200		8,855		19,500		20,800	

TABLE 3—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF DORSET.

Aggregate of Urban Districts.

	0—		1—		5—		15—		25—		45—		65—		75—	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
1	—	—	2	1	—	1	1	1	12	9	14	6	5	2	—	—
2	—	—	1	—	—	—	—	—	—	1	—	—	—	1	1	—
3	—	—	—	—	—	—	—	—	1	—	2	—	2	1	—	3
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	2	—	4	—	—	—	2	2	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	1	—	—	—	1	—	—	—	—	—	1	1	1	—	3	1
10	—	—	—	—	—	—	—	—	1	3	7	3	12	8	12	8
11	—	—	—	—	—	—	—	—	1	—	20	4	9	2	5	—
12	—	—	—	—	—	—	—	—	—	3	—	18	1	9	—	8
13	—	—	—	—	—	—	—	—	—	1	—	11	—	6	—	4
14	—	—	—	1	1	—	1	—	5	7	33	34	41	24	34	41
15	—	—	—	—	—	—	—	—	1	1	1	1	2	2	—	—
16	—	—	—	—	1	1	—	—	—	—	—	1	2	3	5	4
17	—	—	—	—	—	—	—	—	2	2	30	27	40	48	56	115
18	—	—	—	—	—	—	—	—	3	—	51	16	69	56	55	51
19	—	—	—	—	—	—	—	—	—	2	6	3	9	8	15	23
20	—	—	—	—	1	—	—	—	2	3	24	24	48	39	112	165
21	—	—	—	—	—	—	—	—	2	1	5	3	17	12	36	36
22	—	—	—	—	—	1	—	1	1	—	—	2	—	6	2	—
23	4	4	2	1	—	—	—	—	2	—	6	2	10	6	14	21
24	—	—	1	—	—	—	—	—	—	—	14	6	13	8	24	20
25	1	1	1	—	—	—	—	—	1	—	4	—	3	6	1	6
26	—	—	—	—	—	—	—	—	1	1	8	1	11	2	1	3
27	—	2	1	—	—	—	—	—	—	—	1	1	—	3	—	1
28	—	—	—	—	—	—	1	—	1	—	3	3	3	3	6	6
29	—	—	—	—	—	—	—	—	—	—	1	—	4	—	21	—
30	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
31	12	6	—	—	—	—	2	—	—	1	2	—	1	1	—	—
32	24	7	1	—	1	3	1	3	8	4	16	21	20	20	28	41
33	—	—	2	—	—	—	7	—	7	—	3	—	1	—	1	2
34	1	1	2	—	2	1	2	1	4	—	—	2	4	4	8	13
35	—	—	—	—	—	—	—	—	3	—	2	2	3	1	3	—
36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	43	21	15	3	11	7	15	6	60	43	254	192	331	281	443	572

TABLE 3 (*cont.*)

Aggregate of Rural Districts.

0—		1—		5—		15—		25—		45—		65—		75—		
M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	
—	—	1	—	—	—	—	—	7	2	3	3	1	1	—	—	1
—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	1	2
—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	6
—	—	2	—	—	1	1	1	—	1	1	1	—	—	—	—	7
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
—	—	—	1	—	—	1	1	—	—	—	1	2	—	—	3	9
—	—	—	—	—	—	—	—	—	—	5	1	5	5	11	9	10
—	—	—	—	—	—	—	—	—	—	11	1	12	2	1	—	11
—	—	—	—	—	—	—	—	—	2	—	6	—	1	—	2	12
—	—	—	—	—	—	—	—	—	1	—	4	—	4	—	3	13
—	—	—	—	—	—	—	—	1	2	24	16	25	15	30	13	14
—	—	—	—	—	—	1	—	—	—	—	3	2	2	—	1	15
—	—	—	—	—	—	—	—	—	—	1	2	1	4	1	1	16
—	—	—	—	—	—	—	1	1	—	8	17	21	24	33	50	17
—	—	—	—	—	—	—	—	2	1	29	16	32	17	26	25	18
—	—	—	—	—	—	—	—	—	—	3	3	3	3	6	9	19
—	—	—	—	—	—	1	—	2	—	13	7	32	40	75	127	20
—	—	—	—	—	—	1	—	—	—	3	4	7	5	17	18	21
—	—	—	—	—	—	—	—	1	—	2	1	1	1	—	1	22
2	1	—	2	3	—	—	—	1	—	8	4	7	3	10	11	23
—	—	—	—	—	—	—	—	—	1	2	—	10	5	8	8	24
—	1	—	—	—	—	—	—	1	—	4	2	4	—	1	4	25
—	—	—	—	—	—	—	—	—	—	7	—	2	2	3	3	26
—	1	—	—	—	—	—	—	—	—	—	1	—	—	1	1	27
—	—	—	—	—	—	—	—	—	2	5	1	3	2	2	3	28
—	—	—	—	—	—	—	—	—	—	—	—	4	—	12	—	29
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	30
4	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	31
14	13	—	—	—	2	2	—	6	5	7	12	16	11	30	41	32
—	—	—	2	—	—	7	—	2	1	2	—	1	1	1	—	33
1	—	2	1	—	—	1	—	2	—	3	—	1	4	1	5	34
—	—	—	—	—	—	—	—	—	1	2	—	1	1	1	—	35
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36
22	17	6	6	4	3	16	3	26	21	144	107	194	153	270	340	

TABLE 4—CAUSES OF DEATH AT ALL AGES.

	1941	*1942*	*1943*	*1944*	*1945*	*1946*	*1947*	*1948*	*1949*	*1950*
1	102	102	76	80	91	85	91	89	65	72
2	19	20	25	19	19	25	23	14	15	8
3	19	20	11	10	14	12	8	11	9	11
4	10	13	10	4	3	3	—	—	—	—
5	11	2	6	4	1	5	1	3	4	—
6	9	2	4	7	3	—	1	4	2	2
7	2	—	1	1	3	1	5	—	7	18
8	9	1	3	2	1	—	1	—	2	—
9	7	4	4	1	1	3	3	5	5	18
10	91	89	74	73	78	87	104	100	93	90
11	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	68
12	50	57	65	67	44	64	59	48	65	50
13	36	22	31	26	30	30	22	31	29	34
14	291	309	331	322	325	288	310	346	370	348
15	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	17
16	30	43	38	27	27	29	37	27	28	27
17	366	368	379	360	387	406	411	403	451	475
18										449
19	801	875	878	950	976	1,005	1,082	1,026	1,204	93
20										715
21	83	85	69	89	75	125	120	135	135	167
22	49	28	104	32	6	25	19	6	29	20
23	137	120	102	110	105	122	133	79	113	124
24	140	137	124	122	146	115	139	109	111	120
25	35	35	41	44	39	46	38	51	53	41
26	34	34	30	39	35	27	33	41	32	45
27	87	116	90	88	91	79	103	72	61	13
28	85	110	89	102	98	104	103	76	76	44
29	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	42
30	14	10	9	7	5	12	6	4	2	3
31	68	65	54	54	71	86	86	81	47	32
32	450	429	428	410	383	354	344	295	341	357
33	43	32	32	42	21	30	37	33	25	40
34	145	152	77	83	81	71	66	57	58	66
35	27	23	20	25	21	31	33	33	27	20
36	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	—

Table 5—Notifications of Infectious and Other Notifiable Diseases.

	1941	*1942*	*1943*	*1944*	*1945*	*1946*	*1947*	*1948*	*1949*	*1950*
Scarlet Fever	280	388	306	297	248	201	147	226	211	194
Whooping Cough	1,440	388	660	818	520	923	825	1,339	819	1,386
Diphtheria (including Membranous Croup)	108	86	80	43	17	20	11	4	3	1
Measles (excluding Rubella)	4,711	1,258	2,445	1,709	3,056	899	3,232	1,571	3,761	1,545
Acute Pneumonia (Primary or Influenzal)	231	270	174	295	238	240	182	197	200	222
Meningococcal Infection	55	44	21	24	19	18	26	14	6	5
Acute Poliomyelitis	11	3	2	4	19	5	64	16	64	111
Acute Polioencephalitis	1	—	2	1	2	—	6	3	4	
Acute Encephalitis Lethargica	1	2	5	1	4	5	2	—	1	1
Dysentery	72	40	111	196	137	66	48	27	23	21
Ophthalmia Neonatorum	5	11	16	20	13	10	16	16	3	12
Puerperal Pyrexia	53	41	42	26	19	27	29	38	21	25
Smallpox	—	—	—	1	—	—	—	—	—	—
Paratyphoid Fever	10	1	3	3	1	—	—	1	2	1
Enteric or Typhoid Fever (excluding Paratyphoid)	13	4	1	—	2	1	—	6	—	—
Food Poisoning (excluding Dysentery, Typhoid and Para-typhoid)	Not Notifiable								88	74
Erysipelas	63	81	82	101	70	88	45	65	82	55
Malaria—Believed to be contracted in this country	—	—	—	—	4	—	—	1	—	—
Malaria—Believed to be contracted abroad	1	1	1	68	2	6	1	—	1	7
Malaria—Induced in Institutions	—	—	—	—	—	—	—	—	—	—

Table 6—Ante-Natal and Post-Natal Clinics.

Name of Clinic.	*Average Attendance per session.*	*New Cases.*		*Attendances.*		*Total Attendances.*	*No. of Openings.*
		Ante-Natal.	*Post-Natal.*	*Ante-Natal.*	*Post-Natal.*		
Beaminster	2·2	11	2	25	2	27	12
Blandford	12·5	71	26	224	39	263	21
Bridport	6·1	28	28	80	42	122	20
Dorchester	8·5	165	14	632	77	709	83
	4·0	—	33	—	44	44	11
Swanage	1·7	9	—	24	—	24	14
Wareham	4·9	46	14	101	17	118	24
Wimborne	8·0	49	15	151	19	170	21
Poole Area.							
Branksome	7·2	84	12	357	13	370	51
	2·3	—	34	—	38	38	16
Old Town	5·6	60	12	264	12	276	49
	2·1	—	20	—	24	24	11
South Dorset Area.							
Portland	1·5	5	4	17	6	23	15
Weymouth	2·6	8	57	34	58	92	35
Totals	..	536	271	1,909	391	2,300	383

Table 7—Welfare Centres.

Name of Centre.	Average Attendance per session.	New Cases.		Attendances.		Total Attendances.	No. of Openings.
		Under 1 year.	Over 1 year.	Under 1 year.	Over 1 year.		
Beaminster	20·7	35	112	245	253	498	24
Bere Regis	19·6	21	14	75	161	236	12
Blackdown	3·9	7	1	18	25	43	11
Blandford	41·2	63	21	389	602	991	24
Bridport	34·2	93	21	1,372	374	1,746	51
Dorchester	54·7	195	60	2,027	766	2,793	51
Ferndown	26·2	38	7	386	244	630	24
Gillingham	18·6	39	7	284	164	448	24
Handley	14·9	13	13	61	118	179	12
Lyme Regis	16·4	19	4	254	124	378	23
Milton Abbas	10·6	38	2	142	92	234	22
Shaftesbury	8·4	27	10	155	40	195	23
Sherborne	22·4	96	11	784	359	1,143	51
Sturminster Newton ..	14·0	35	14	295	380	675	48
Swanage	28·3	75	4	897	551	1,448	51
Upton	42·4	57	40	569	449	1,018	24
Verwood	20·6	27	37	195	300	495	24
Wareham	49·4	62	10	995	1,528	2,523	51
Wimborne	39·1	75	10	1,167	831	1,998	51
Wool	33·3	31	61	295	505	800	24
Poole Area.							
Branksome	47·7	221	31	3,270	1,455	4,725	99
Broadstone	37·1	26	15	125	321	446	12
Canford Cliffs	17·1	25	5	102	87	189	11
Creekmoor	14·6	15	2	85	91	176	12
Hamworthy	36·2	56	8	459	375	834	23
Longfleet	42·9	76	5	732	298	1,030	24
Lower Parkstone ..	17·1	42	12	314	97	411	24
Newtown	58·0	81	38	755	638	1,393	24
Oakdale	53·7	101	21	855	436	1,291	24
Old Town	26·2	90	20	957	380	1,337	51
Rossmore	51·2	74	23	772	459	1,231	24
Wallisdown	27·2	20	8	131	196	327	12
South Dorset Area.							
Broadwey	43·4	73	45	1,104	982	2,086	48
Chickerell	12·8	34	19	405	251	656	51
Health Centre	47·3	237	26	3,631	1,239	4,874	103
Portland Tophill	40·8	72	2	1,323	762	2,085	51
Portland Underhill ..	26·4	34	1	887	460	1,347	51
Preston	14·7	27	22	422	330	752	51
Wyke Regis	30·1	56	16	776	732	1,508	50
Totals	..	2,406	778	27,710	17,455	45,169	1,370

Table 8—Midwifery Service.

Cases attended by:—	Domiciliary.		Hospitals and Nursing Homes.	
	Midwifery.	Maternity.	Midwifery.	Maternity.
Midwives employed by the County Council ..	401	412	—	—
Midwives employed by the County Nursing Association	549	312	—	—
Midwives employed in Hospitals	5	2	1,291	910
Midwives in Private Practice (including Midwives employed in Nursing Homes)	2	29	22	57
Totals	957	755	1,313	967

Table 9—Health Visiting.

(1)	*Number of Health Visitors employed at end of year.*		*Equivalent Whole-time Health Visitor services provided under Col. (3) (all classes including attendance at Child Welfare Centres).*	*Number of visits paid by Health Visitors during the year.*							
				Expectant mothers.		*Children under 1 year of age.*		*Children between the ages of 1 & 5*		*Other cases.*	
	Whole-time on health visiting. (2)	*Part-time on health visiting.* (3)	(4)	*First visits.* (5)	*Total visits.* (6)	*First visits.* (7)	*Total visits.* (8)	*First visits.* (9)	*Total visits.* (10)	*First visits.* (11)	*Total visits.* (12)
Local Health Authority ..	—	32	23 3/11ths	558	907	4208	26914	212	41017	1934	5051
Voluntary Organisations ..	—	3	1	—	—	—	—	—	—	—	—

Table 10—Vaccination.

	Under 1 year.	*Age*							
		1—4		*5—14*		*15 or over.*		*Total.*	
		P.	*R.*	*P.*	*R.*	*P.*	*R.*	*P.*	*R.*
Blandford B. ..	7	11	—	—	—	2	9	20	9
Blandford R.D. ..	49	34	1	4	16	10	38	97	55
Beaminster R.D. ..	38	40	—	1	1	4	15	83	16
Bridport B. ..	38	40	1	7	6	9	21	94	28
Bridport R.D. ..	54	29	2	9	5	9	39	101	46
Lyme Regis B. ..	10	18	1	1	3	1	11	30	15
Dorchester B. ..	32	59	1	9	7	12	44	112	52
Dorchester R.D. ..	52	53	2	9	15	6	35	120	52
Shaftesbury B. ..	4	10	—	—	2	—	9	14	11
Shaftesbury R.D. ..	32	44	2	9	3	9	21	94	26
Sherborne U.D. ..	20	21	—	1	10	1	29	43	39
Sherborne R.D. ..	34	50	11	1	8	—	13	85	32
Sturminster R.D. ..	31	49	—	2	1	1	7	83	8
Wareham B. ..	14	16	—	1	—	4	8	35	8
Wareham R.D. ..	72	120	1	13	7	8	29	213	37
Swanage U.D. ..	23	37	3	3	9	8	26	71	38
Wimborne U.D. ..	23	12	—	6	3	8	10	49	13
Wimborne R.D. ..	101	103	8	24	33	30	109	258	150
Portland U.D. ..	20	52	3	8	17	6	21	86	41
Weymouth B. ..	101	154	—	40	37	32	104	327	141
Poole B.	183	336	6	86	28	85	264	690	298
	938	1,288	42	234	211	245	862	2,705	1,115
12 months to 31st December, 1949 ..	627	697	24	92	104	100	413	1,516	541
6 months to 31st December, 1948 ..	578	48	7	20	29	45	218	691	254

P.—Primary Vaccination. *R.*—Re-Vaccination.

Table 11—Diphtheria Immunisation.

(Number of children as at 31/12/50 who had completed a course of diphtheria immunisation at any time before that date

	Children under 5 years. of Age at 31/12/50.					Estimated mid-year population 1950. Children 0—4 years.	Children 5—15 years. Age at 31/12/50.			Estimated mid-year population, 1950. Children 5—15 years.	Total of child under 15 Immun
	Under 1	1	2	3	4	Total.	5—9	10—14	Total.		
Blandford B. ..	3	37	74	85	38	237	340	213	203	416	467	6
Blandford R.D.	2	80	136	174	103	495	803	492	474	966	1,496	1,4
Beaminster R.D.	—	78	93	135	91	397	686	516	507	1,023	1,172	1,4
Bridport B. ..	3	68	93	132	84	380	465	449	315	764	695	1,1
Bridport R.D. ..	—	51	131	127	60	369	591	406	377	783	905	1,1
Lyme Regis B.	1	33	33	56	22	145	205	196	173	369	391	5
Dorchester B. ..	—	74	150	283	92	599	917	401	530	931	1,645	1,5
Dorchester R.D.	1	117	195	342	154	809	1,228	493	828	1,321	2,111	2,1
Shaftesbury B.	—	21	38	83	40	182	281	186	200	386	561	5
Shaftesbury R.D.	1	62	129	236	181	609	682	591	542	1,133	1,420	1,7
Sherborne U.D.	—	35	84	183	127	429	475	347	342	689	1,457	1,1
Sherborne R.D.	—	59	90	188	123	460	520	437	381	818	819	1,2
Sturminster R.D.	2	72	148	183	124	529	780	407	453	860	1,070	1,3
Wareham B. ..	1	33	59	72	34	199	252	216	184	400	335	5
Wareham R.D. ..	10	213	256	392	233	1,104	1,511	1,252	1,226	2,478	2,470	3,5
Swanage U.D. ..	8	42	72	142	83	347	604	405	383	788	963	1,1
Wimborne U.D.	5	35	86	44	41	211	366	141	4	145	685	3
Wimborne R.D.	10	188	318	389	229	1,134	1,689	1,069	976	2,045	2,937	3,1
Portland U.D.	6	109	176	187	126	604	742	552	440	992	1,201	1,5
Weymouth B. ..	10	365	770	979	605	2,729	3,071	2,834	1,807	4,641	4,930	7,3
Poole B. ..	84	818	1,621	1,438	844	4,805	6,732	5,003	4,936	9,939	11,110	14,7
Totals ..	147	2,590	4,752	5,850	3,434	16,773	22,940	16,606	15,281	31,887	38,840	48,6

Percentage of children under 5 years immunised—73·10% Percentage of children aged 5—15 years immunised—82·00%

Percentage of total number of children under 15 years of age immunised—78·76%

Table 12—Ambulance Service.

(1)		Number of vehicles at 31st December, 1950 (2)	Total number of journeys during the year. (3)	Total number of patients carried during the year. (4)	Number of accident and other emergency journeys included in column (3) during the year. (5)	Total mileage during the year. (6)
Directly provided service	Ambulances ..	25	16,009	27,519	3,028	230,533
	Cars ..	6	7,031	9,816	721	75,289
Agency service(s) ..	Ambulances ..	1 + 1 *	513	612	151	19,586
	Cars ..	1*	71	71	15	2,739
Supplementary service(s)†	Ambulances	2	36	44	2	6,053
	Cars, H.C.S. ..	200	15,555	19,451	—	396,888

Note.—† Supplementary services are those where arrangements exist with voluntary organisations or other bodies for occasional use of ambulances or cars, as distinct from arrangements for a regular service on an agency basis and include arrangements with the Hospital Car Service.

* County vehicle.

Table 13—Ambulance Service.

Depot Location.	Nature of Cases Carried.									Cases—Degree of Priority.			Journeys.			Mileage
	Maternity	Illness	Sudden Illness	Mental	Road Accident	Other Accident	Infectious	Corpse	Total	Routine	Emergency	Total	In-County	Out-County	Total	
Blandford ..	44	329	13	—	25	41	1	7	460	337	123	460	366	31	397	12,268
Bridport ..	73	1,184	42	10	23	64	100	21	1,517	1,315	202	1,517	1,357	18	1,375	19,221
Charmouth ..	10	106	—	—	5	10	—	—	131	106	25	131	104	25	129	4,767
Dorchester ..	259	3,144	69	32	41	178	14	20	3,757	3,210	547	3,757	3,246	112	3,358	54,103
Ferndown ..	11	155	38	2	25	32	—	—	263	157	106	263	208	50	258	6,759
Gillingham ..	5	102	16	2	6	26	—	1	158	105	53	158	41	97	138	7,940
Lyme Regis ..	3	111	3	—	10	12	—	4	143	115	28	143	86	53	139	2,326
Poole ..	446	11,203	289	8,909	172	263	251	71	21,604	20,434	1,170	21,604	10,767	456	11,223	103,704
Shaftesbury ..	24	308	11	1	24	23	—	2	393	311	82	393	145	172	317	12,221
Sherborne ..	29	220	76	1	29	58	12	3	428	236	192	428	381	51	432	7,559
Sturminster Newton	15	69	17	2	7	13	2	1	126	74	52	126	123	6	129	4,539
Swanage ..	9	420	34	1	13	68	3	1	549	425	124	549	491	7	498	9,340
Wareham ..	35	175	44	3	29	34	2	11	333	191	142	333	298	4	302	7,922
Weymouth ..	287	3,476	303	13	94	224	187	58	4,642	3,734	908	4,642	4,157	78	4,235	53,143
Wimborne ..	30	211	63	3,148	28	31	—	3	3,514	3,362	152	3,514	644	50	694	22,038
*Dorchester S.J.A.B.	1	31	—	1	1	—	—	—	34	32	2	34	8	20	28	3,845
*Poole S.J.A.B. ..	—	10	—	—	—	—	—	—	10	10	—	10	—	8	8	2,505
Totals ..	1,281	21,254	1,018	12,125	532	1,077	572	203	38,062	34,154	3,908	38,062	22,422	1,238	23,660	334,200

** These ambulances are only employed for long distance journeys passed by the County Ambulance Service.*

Table 14—Hospital Car Service.

Nature of Case carried.	Months.												Totals.
	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	
thopaedic ..	123	84	70	72	58	71	38	37	40	33	62	22	710
eech Therapy ..	34	16	—	6	13	15	18	3	24	17	23	11	180
munisation ..	3	11	12	6	9	8	13	3	6	1	3	7	82
ntal ..	111	39	11	19	63	69	59	—	1	—	1	70	443
habilitation ..	347	258	252	182	269	218	204	269	286	233	269	190	2,977
Ray	142	111	131	92	87	123	98	108	165	150	169	160	1,536
ysiotherapy ..	536	472	496	416	477	705	490	680	537	575	560	523	6,467
berculosis ..	6	9	12	6	2	3	4	2	4	18	15	14	95
tc.nity ..	24	70	37	36	42	43	32	22	25	22	35	29	417
neral ..	778	526	572	442	610	606	403	427	586	551	628	415	6,544
Totals ..	2,104	1,596	1,593	1,277	1,630	1,861	1,359	1,551	1,674	1,600	1,765	1,441	19,451
urneys.													
In-County ..	1,462	1,133	1,237	986	1,284	1,339	1,030	1,128	1,260	1,204	1,252	1,018	14,333
Out-County ..	83	80	90	63	78	116	95	107	109	147	130	124	1,222
Total ..	1,545	1,213	1,327	1,049	1,362	1,455	1,125	1,235	1,369	1,351	1,382	1,142	15,555
tal Mileage ..	35,732	31,553	34,936	27,532	35,294	39,481	31,043	31,516	35,142	31,484	34,507	28,668	396,888

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